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ABSTRACT

This guide has been designed to assist school districts in developing a comprehensive program of health instruction from kindergarten through grade twelve. It is a framework that provides structure for the development of a sequential, but flexible health education curriculum to meet local needs and provide for the changing health problems facing children and youth. Since it is a guide for local curriculum development and not a course of study, learning opportunities, methods of instruction, and suggested resources are not included. Health information is presented in such a manner that it builds around health concepts and thus allows new research to be integrated into the program as it becomes available. Each major concept has a set of correlating grade-level concepts with accompanying sample objectives and content. Content areas cover consumer health, mental-emotional health, drug use and misuse, family health, oral health-vision-hearing, nutrition, exercise-rest-posture, diseases and disorders, environmental health hazards, and community health resources. For evaluating instruction in terms of specific goals, behavioral objectives are included for each grade-level concept and provide specific illustrations of ways in which the learner may demonstrate his competencies. This work was prepared under an ESEA Title V contract. (BL)

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CALIFORNIA STATE DEPARTMENT OF EDUCATION, Max Rafferty, Superintende

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Kindergarten Through Grade Twelve

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STATE DEPARTMENT OF EDUCATION, Max Rafferty, Superintendent of Public Instruction, Sacramento, 1970

ED 047 985

Framework for Health Instruction in California Public Schools

Kindergarten Through Grade Twelve

Adopted by the

CALIFORNIA STATE BOARD OF EDUCATION

Prepared by

JOHN T. FODOR
Professor of Health Science
San Fernando Valley State College

BEN C. GMUR
Professor of Health Science and Safety Studies
California State College, Los Angeles

WILFRED C. SUTTON
Professor of Health Science
San Fernando Valley State College

Codirectors of the Health Framework Project

Coordinated by

PATRICIA J. HILL
Consultant in School Health Education
California State Department of Education

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Foreword

Healthy individuals are essential for an effective society. To achieve optimal health, every individual should have sufficient knowledge about health and, most important, the motivation that is needed to apply that knowledge to daily living.

Threats to health have always been present in society. Many of these threats have been met by such measures as immunization, protection of water and food supplies, and pasteurization of milk – measures brought about by medical and public health authorities on behalf of the common good. Measures of this kind certainly help to protect and preserve health. However, current health problems facing youth – for example, the use of drugs, including tobacco and alcohol, and environmental hazards, including air, water, and soil pollution – can be controlled only if *individuals* become involved; and these individuals must understand the problems and their causes and must assume personal responsibility for preventing or correcting them.

In past years schools placed emphasis on the provision of health information; they assumed that, once in possession of the necessary facts, the pupils would take intelligent action. Unfortunately, the assumption was valid in too few cases. One has but to look at the misuse of drugs by teenagers and young adults, or at their nutrition practices, to realize that the mere provision of facts has not resulted in the application of these facts. In a number of instances, one can even challenge the "facts" presented when the results of modern health-related research are carefully examined.

This *Framework for Health Instruction in California Public Schools* has been designed to assist school districts in developing a relevant and comprehensive program of health instruction from kindergarten through grade twelve – a program which, in turn, will help each pupil to reach the highest possible level of health that is commensurate with his own capabilities. The presentation of health content in the manner of building it around certain health concepts will allow new research to be integrated into the program as it becomes available. In line with emphasis on evaluating instruction in terms of specific goals, behavioral objectives have been included for each grade-level concept.

I urge every school district to utilize this *Framework* as a basis for developing a planned, sequential health instruction program that is (1) related to current and emerging health problems; and (2) designed to develop critical thinking and individual responsibility in regard to health.

I also urge every district to conduct an inservice education program designed to provide an opportunity for every teacher to acquire the preparation he needs to implement such a program.

The future health of the people of California depends to a great extent upon the degree to which health instruction programs motivate individuals to assume responsibility for their own health and the health of others.

Max Rafferty

Superintendent of Public Instruction

Preface

For many years representatives from the fields of education and health have recommended the development of a framework that would provide a structure for the development of a planned sequential health education curriculum and yet be flexible enough to meet local needs and to provide for the changing health problems facing children and youth. This *Framework for Health Instruction in California Public Schools – Kindergarten Through Grade Twelve* has been developed to meet these requirements. It is intended as a foundation for local curriculum development upon which a comprehensive program of health instruction may be built.

Questions commonly asked by groups working on the development of a health education curriculum include the following: What should be emphasized when health-related information is so abundant today? How can attitudes and behavior be the focus rather than the provision of health knowledge? What are the objectives students are expected to attain? To help answer such questions, the concept-oriented approach to curriculum development has been utilized in this publication, and emphasis is placed upon behavioral objectives. Concepts provide a needed framework for knowledge and for thinking – both essential aspects of health instruction. The behavioral objectives listed for each grade-level concept provide specific illustrations of ways in which learners may demonstrate competencies.

During field trials in 1968-69, several California school districts, representing both rural and urban communities, developed teaching guides or courses of study based on the experimental draft of the *Framework.* Evaluation by these districts indicated that the material thus developed was found to be practical and useful.

The Health Framework Project was carried out in cooperation with the California Curriculum Commission, and the criteria for selection of health textbooks for elementary schools will be based on the *Framework for Health Instruction in California Public Schools.* The Commission recommended adoption of the *Framework* to the California State Board of Education. In the spring of 1970, the State Board held a public hearing on the document and then formally adopted it.

Personnel in the fields of education and health joined in the planning and development of this publication, which, in its final form, reflects the extensive contributions made by both professions. Individuals and groups involved in the statewide endeavor are recognized in the acknowledgment section and in the appendixes. The three Codirectors of the Health Framework Project, working under a federal contract with the California State Department of Education, were charged with leading and synthesizing the work of the project. Coordinative and guidance services were rendered by the Department's Consultant in School Health Education.

This document has been subjected to close scrutiny by qualified professional personnel in the areas covered by its content, as well as examined carefully by the State Board of Education. The material it presents, however, is not to be construed as rigidly formulated. The objectives and the content included here are intended as examples, and the document as a whole is intended to serve as a useful guide in the development of health curricula among California schools.

EUGENE GONZALES
Acting Deputy Superintendent
for Programs and Legislation

J. WILLIAM MAY
Acting Chief
Division of Instruction

C. CARSON CONRAD
Chief, Bureau of Health Education,
Physical Education, Athletics,
and Recreation

Acknowledgments

Sincere appreciation and grateful acknowledgments are extended to the many persons who contributed to the successful completion of the *Framework for Health Instruction in California Public Schools.*

John T. Fodor and Wilfred C. Sutton of San Fernando Valley State College and Ben C. Gmur of California State College, Los Angeles, provided leadership for the Health Framework Project. They were responsible for synthesizing all material produced by the project committees; for developing an experimental draft of the *Framework* for field testing; and for writing the final manuscript, which incorporated the recommendations gained from the evaluation processes that were carried out. The codirectors are commended for their strenuous efforts in this endeavor.

Special thanks are due to the various consultants who identified health needs, wrote concepts and objectives, and reviewed the experimental draft (see appendixes B and C). Appreciation is also expressed to the school districts that utilized the *Framework* for curriculum development (Appendix E) and to those district committees that evaluated the experimental draft and made useful recommendations (Appendix F). For working with these districts as consultants, tribute is paid to Seymour Eiseman of San Fernando Valley State College; Paul Hillar, Office of the Stanislaus County Superintendent of Schools; and Russell Purcey, Alhambra City High School District.

The numerous professional educators and members of health organizations who made suggestions after reviewing the *Framework* draft are commended for their valuable contributions (Appendix D). The direction and the continual encouragement given by the Health Advisory Committee of the California State Board of Education are also acknowledged (Appendix A).

Special gratitude is expressed to Patricia J. Hill, Consultant in School Education in the State Department of Education, for the strong support and guidance she gave in her role of project coordinator.

The Department and the project staff are also indebted to Ollie Stevener of San Fernando Valley State College for her direction of the secretarial force and her technical assistance in the preparation of the *Framework*, and to Holly Levien, Linda Wachter, and Kathleen Koepp for their secretarial labors.

Altogether this project was a monumental task. Everyone who had a part in it helped to make the resultant publication an important contribution to the health and education of California's children and youth.

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Introduction

This *Framework for Health Instruction in California Public Schools* has been developed to assist school district personnel in planning their own sequential program of health instruction, kindergarten through grade twelve. The document is not a course of study. Rather, it is to be used as a guide for local curriculum development. Therefore, learning opportunities, methods of instruction, and suggested resources are not included in this publication.

To assist the reader, information in the introduction is divided into three parts: (1) points of view concerning health and health education; (2) the development of the *Framework;* and (3) the format and use of the *Framework.*

POINTS OF VIEW

In preparing programs of health instruction, educators should give consideration to points of view concerning health and health education. To this end, the following viewpoints may provide direction for district personnel.

Points of View Concerning Health

The points of view concerning health – those upon which this framework was developed – include the following:

- Health is a state of physical, mental, and moral well-being and is dependent upon the interaction of these dimensions.[1]
- Health is dynamic in that it is ever-changing.
- Health is influenced by the interaction of many hereditary and environmental factors and conditions over which the individual may exercise varying amounts of control. Some aspects of everyone's health can be improved.
- Health is necessary for a person to function optimally as a productive individual, as a worthy family member, and as a contributing member of society.

Points of View Concerning Health Education

Health education is a shared responsibility of the home, school, and community, even though health is a primary responsibility of the individual and the family. In addition, the following points of view on health education,

[1] Definition established by the State Board of Education, April 9, 1970.

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[2] *Why Health Education*
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developed by the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, serve as a basis for the development of this *Framework.*[2]

HEALTH EDUCATION IS:

. . . education for healthful living of the individual, family, and community.

an academic field and subject. All of its content and objectives are intellectual and academic in nature. Its content must have meaning and purpose to the students now as well as in the future.

a relatively new discipline. The natural (biological), the behavioral, and the health sciences provide its foundation.

Facts, principles, and concepts pertaining to healthful living constitute its body of knowledge.

The body of knowledge identified, organized, synthesized, and utilized in appropriate courses and experiences is sequentially arranged to form the discipline.

. . . its purpose is to favorably change health behavior (knowledge, attitudes, and practices).

a needed approach to bridge the gap between scientific health discoveries and man's application of these discoveries in daily life.

an integral part of the curriculum at every level and an essential element in the general education of all students.

the educational component of a school, college, or university health program (instruction, services, and environment).

contributing to the well-educated individual by providing meaningful health experiences which can change health behavior. (Educational Policies Commission, The Purposes of Education in an American Democracy, 1938)

best achieved by developing the rational powers of man (critical thinking), enabling him to make wise decisions and solve personal, family, and community health problems. (Educational Policies Commission, 1961)

based upon and improved through basic and applied research.

best conducted by professionally prepared health educators from accredited colleges and universities.

HEALTH EDUCATION IS NOT:

hygiene of yesteryears. It is not "blood and bone" hygiene, nor is it physiological hygiene.

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[2] *Why Health Education?* Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. Chicago: American Medical Association, 1965, pp. 2-3.

anatomy or physiology or both of these combined. These fields serve as its foundation, but do not contribute the major concepts of its body of knowledge. They are necessary as background to understand health concepts applied to living.

a pure science, but an applied science. It is an applied science concerned with man's understanding of himself in relation to health matters in a changing society.

physical education. Health education and physical education are separate and distinct fields. They have similar goals, are closely related, but their activities and the conduct of activities are completely different. Sound physical education programs properly conducted contribute to the health of the individual.

physical fitness. It contributes to the total fitness of man. It is not synonymous with muscle fitness.

driver education. Health education is related to driver education through its safety area. Driver education is but one facet of safety.

a requirement course organized to deal with legal provisions of alcohol, narcotics, and fire prevention. These are essential problems that should be incorporated with other basic problems to provide a structured course or program.

rainy day or incidental instruction. Health education must be carefully planned and incorporated in the curriculum; taught in a wholesome learning environment in which pupil activities can be carried out, particularly through problem-solving situations under the guidance of professionally prepared health educators.

just grooming practices such as tooth brushing and combing the hair. Health education has gone far beyond grooming.

DEVELOPMENT OF THE FRAMEWORK

Two major steps were followed in the completion of this project: (1) determination of health needs of California schoolchildren and youth; and (2) development of the *Framework* on the basis of these needs.

Determining Needs[3]

Health needs of California school-age children and youth were determined through a review of the literature and by soliciting the opinions of authorities invited to serve on an ad hoc committee. Included on the committee were representatives from medicine, dentistry, public health, allied health professions representing health content areas, and education. Documents listing the health needs identified were distributed to project consultants for use in preparing the *Framework.*

Preparing the Framework[4]

A committee of educational consultants worked in conjunction with the project directors in preparing the *Framework.* The consultants were selected from various parts of the state. Of these persons, 75 percent were classroom teachers on levels ranging from kinde others were curriculum specialists.

The consultants used the docume purposes; and in workshop sessions t grade-level concepts, behavioral objectiv of the content areas. The codirectors sy an experimental draft of the *Framework*

The experimental draft was reviewed

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2. Fourteen selected out-of-state heal
3. Sixteen selected in-state health edu
4. Personnel in 49 public educati districts and offices of county supe
5. Personnel from ten school district development of courses of study fo
6. Medical groups, additional school tions to which presentations were
7. The Advisory Committee to the Public School Health

The evaluations were synthesized, reco directors for inclusion in the final draft o

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FORMAT AN THE FRAM

The *Framework for Health Instru* organizes material in ten content areas, grade-level concepts, suggested behavior of content for each of these areas.

It is recognized that a review of th covered at earlier grade levels is desirable been built into this publication but individual school districts.

[3] Personnel participating are listed in Appendix B.

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teachers on levels ranging from kindergarten through grade fourteen. The others were curriculum specialists.

The consultants used the documents on health needs for reference purposes; and in workshop sessions they developed the major concepts, grade-level concepts, behavioral objectives, and examples of content for each of the content areas. The codirectors synthesized this material and developed an experimental draft of the *Framework.*

The experimental draft was reviewed and evaluated by the following:

1. Seventeen educational consultants and 28 consultants who had served on the Ad Hoc Committee on Determining Health Needs
2. Fourteen selected out-of-state health education authorities
3. Sixteen selected in-state health education authorities
4. Personnel in 49 public education agencies in California – school districts and offices of county superintendents of schools
5. Personnel from ten school districts who utilized the *Framework* in the development of courses of study for their own districts
6. Medical groups, additional school districts, and parent-teacher associations to which presentations were made by the project directors
7. The Advisory Committee to the State Department of Education on Public School Health

The evaluations were synthesized, recorded, and reviewed by the project directors for inclusion in the final draft of the *Framework.*

Throughout the development of this document, direction was given by (1) the Health Advisory Committee established by the California State Board of Education; and (2) the Consultant in School Health Education, California State Department of Education.

FORMAT AND USE OF THE FRAMEWORK

The *Framework for Health Instruction in California Public Schools* organizes material in ten content areas, with an overview, major concepts, grade-level concepts, suggested behavioral objectives, and suggested examples of content for each of these areas.

It is recognized that a review of the concepts, objectives, and content covered at earlier grade levels is desirable and necessary. Such a review has not been built into this publication but has been left to the discretion of individual school districts.

Overviews

The overviews serve to orient district personnel to the essential information included in the ten content areas. In each instance, the overview contains a brief description of the content area and indicates the major problems upon which the area was developed. Relationships to other health areas and subject-matter fields are also presented.

Major Concepts

Major concepts are the big ideas that should be emphasized in each content area. They serve as focal points for classroom instruction and provide continuity and sequence in the instructional program through the four educational levels (primary, intermediate, junior high, and senior high). Several major concepts have been identified for each content area.

Grade-Level Concepts

Grade-level concepts are the big ideas within a major concept and are stated for each educational level (primary, intermediate, junior high, and senior high). These concepts are guides to competencies that are to be demonstrated by learners at the various educational levels.

Examples of Behavioral Objectives

Examples of behavioral objectives have b
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Examples of Content

Suggested examples of content have been
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Examples of Behavioral Objectives

Examples of behavioral objectives have been identified for each grade-level concept. The objectives suggest content to be taught and the cognitive behavior to be sought in the learner. They provide specific illustrations of ways in which learners may demonstrate competencies. Although the objectives have been stated only in terms of cognition, it is felt that the cognitive skills attained by the student will favorably influence his health attitudes and practices. The objectives are stated in behavioral terms even though they do not contain the specificity desired by some curriculum specialists. No attempt has been made to identify and to present an exhaustive list of behavioral objectives relative to the grade-level concepts. School district personnel should expand or revise the objectives to meet the needs of their students.

Examples of Content

Suggested examples of content have been included for all objectives. These examples are intended to help classify the content specified in the objectives. School district personnel should elaborate on the specific content to be included.

Major Concepts for Content Areas

Following are the major concepts or big ideas that provide organization of the body of knowledge for each of the ten content areas in the *Framework*. Concepts for each of the four educational levels (primary, intermediate, junior high, senior high) are built upon the major concepts. In general, the first major concept listed under each area heading relates to the total health of the individual; the other major concepts relate to specific aspects of the content area. The Roman numbering system is used to indicate interrelationships among concepts in the various content areas, not to designate priorities in emphasis.

1. CONSUMER HEALTH

I. To maintain health requires effort, time, and money; but failure to maintain health is detrimental and more costly.

II. Scientific knowledge and understanding are bases for effective evaluation, selection, and utilization of health information, products, and services.

III. Self-diagnosis and self-treatment may be dangerous to an individual.

IV. Quackery and faddism raise false hopes, delay proper medical attention, and cause financial waste.

2. MENTAL-EMOTIONAL HEALTH

I. Mental health is influenced by the interrelationship of biological and environmental, including cultural, factors.

II. Developing and maintaining optimal mental health include understanding oneself and others.

III. Stress, an unavoidable product of o
detrimental to man.

IV. Maladjustive behavior varies in its

V. Qualified help is available for those

3. DRUG USE

I. When used properly, drugs are bene

II. Many factors influence the misuse o

III. Tobacco is harmful; and alcohol ar
to the individual and to society.

IV. The individual and society need t
the misuse of tobacco, alcohol, and

4. FAMILY

I. The family and its members exert a

II. Human masculinity and feminin
emotional, and social factors.

III. Effective preparation, the ability
understanding of one's marriage
marriages.

Major Concepts for Content Areas

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2. MENTAL-EMOTIONAL HEALTH

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g and maintaining optimal mental health include understanding d others.

III. Stress, an unavoidable product of our culture, can be either productive or detrimental to man.

IV. Maladjustive behavior varies in its impact on the individual and society.

V. Qualified help is available for those with maladjustive behavior.

3. DRUG USE AND MISUSE

I. When used properly, drugs are beneficial to mankind.

II. Many factors influence the misuse of drugs.

III. Tobacco is harmful; and alcohol and other drugs, if misused, are harmful to the individual and to society.

IV. The individual and society need to accept responsibility for preventing the misuse of tobacco, alcohol, and other drugs.

4. FAMILY HEALTH

I. The family and its members exert a significant influence on one another.

II. Human masculinity and femininity are determined by biological, emotional, and social factors.

III. Effective preparation, the ability to adjust, and respect for and understanding of one's marriage partner tend to produce successful marriages.

IV. Persons may function more effectively in their roles as males or females when they understand each other and understand that reproduction is a normal process.

V. Family planning may help to improve the health of family members.

5. ORAL HEALTH, VISION, AND HEARING

I. Neglect of oral health affects individuals of all ages.

II. Most oral disorders can be prevented.

III. Oral disorders can be treated.

IV. Most disorders of vision and hearing, which may occur at any age, can be prevented or treated and correted.

6. NUTRITION

I. Nutrition is important in the everyday functioning of an individual.

II. Individuals throughout life require the same nutrients but in varying amounts.

III. Food processing and preparation influence the nutritional value and safety of foods.

IV. Nutrition is a significant factor in weight control.

V. Dietary fads and misconceptions can be detrimental to health.

7. EXERCISE, REST, AND POSTURE

I. Physical fitness is one important component of total health.

II. A balanced program of exercise and rest contributes to fitness.

III. Posture affects appearance and body function.

8. DISEASES AN

I. The occurrence and distribution of
man's heredity and environment.

II. Diseases and disorders have both a
individuals and society.

III. There is variation in the extent to
prevented and controlled.

9. ENVIRONMENTAL

I. An individual's environment,
influences his total health.

II. There are ever-changing health haza

III. The potential for accidents exists ev

IV. Individuals should be prepared to a

V. Maintaining a healthful and safe en
individual, the family, and society.

10. COMMUNITY HE

I. Utilization of community health
individual and the community.

II. The health of the community is a
and the community.

III. Nations need to cooperate with
international health problems.

IV. A variety of opportunities exist for

ction more effectively in their roles as males or females
stand each other and understand that reproduction is a

may help to improve the health of family members.

L HEALTH, VISION, AND HEARING

ealth affects individuals of all ages.

rs can be prevented.

n be treated.

f vision and hearing, which may occur at any age, can be
ted and correted.

6. NUTRITION

rtant in the everyday functioning of an individual.

ghout life require the same nutrients but in varying

and preparation influence the nutritional value and

nificant factor in weight control.

misconceptions can be detrimental to health.

EXERCISE, REST, AND POSTURE

s one important component of total health.

ram of exercise and rest contributes to fitness.

ppearance and body function.

8. DISEASES AND DISORDERS

I. The occurrence and distribution of diseases and disorders are affected by man's heredity and environment.

II. Diseases and disorders have both a personal and an economic effect upon individuals and society.

III. There is variation in the extent to which diseases and disorders can be prevented and controlled.

9. ENVIRONMENTAL HEALTH HAZARDS

I. An individual's environment, including aesthetic characteristics, influences his total health.

II. There are ever-changing health hazards in man's environment.

III. The potential for accidents exists everywhere in man's environment.

IV. Individuals should be prepared to act effectively in case of accidents.

V. Maintaining a healthful and safe environment is the responsibility of the individual, the family, and society.

10. COMMUNITY HEALTH RESOURCES

I. Utilization of community health resources benefits the health of the individual and the community.

II. The health of the community is a shared responsibility of the individual and the community.

III. Nations need to cooperate with one another to identify and solve international health problems.

IV. A variety of opportunities exist for careers in the health sciences.

DEVELOPMENT OF CONTENT AREAS

1

Consumer Health — Overview

Each individual in our society is a consumer of health services and health products. The constant urging of mass media and the wide variety of health products and services available make it essential that the consumer apply sound criteria in the selection and utilization of these products and services. Such criteria are included in this content area on consumer health. In addition, this area emphasizes that failure to maintain health is detrimental and costly to society; utilization of health products and services should be based on scientific knowledge and understanding; self-diagnosis and self-treatment can be dangerous; and quackery and faddism can contribute to poor health. Consideration also is given to sources of health information available to the consumer.

The major problems of consumer health, upon which the development of this content area has been based, include the following:

- Cost of disease to the individual and to the nation
- Unreliable sources of health information
- Improper selection and use of health products (self-treatment)
- Inadequate selection and utilization of health services
- Faddism and quackery

Correlation with Other Subject Areas

Selected content in the area of consumer health can be correlated most effectively with home economics, business and economics, social sciences, mathematics, and English.

Interrelationships Between Consumer Health an Other Health Areas in This Framework

Certain interrelationships between consume covered in this *Framework* are identified be shown in italics, is followed by one or more the major concepts that are listed in the *Frame* for Content Areas," as well as in the body of t turn, is followed by one or more designations the numbered concepts are appropriate.[1]

Mental-Emotional Health: V – junior high,

Drug Use and Misuse: I – primary, inter III – primary, senior high; IV – primary, senio

Oral health: I – senior high; II and III – all

Vision and Hearing: IV – junior high, senio

Nutrition: I – senior high; II – senior hig intermediate, junior high, senior high.

Diseases and Disorders: I – senior high; I senior high.

Environmental Health Hazards: II – junior

Community Health Resources: I – all gra mediate.

[1] Interrelationships will be shown in like manner th

DEVELOPMENT OF CONTENT AREAS

1

Consumer Health — Overview

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Subject Areas

the area of consumer health can be correlated most
economics, business and economics, social sciences,
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Interrelationships Between Consumer Health and Other Health Areas in This Framework

Certain interrelationships between consumer health and other health areas covered in this *Framework* are identified below. The name of each area, shown in italics, is followed by one or more Roman numerals belonging to the major concepts that are listed in the *Framework* section, "Major Concepts for Content Areas," as well as in the body of the document. Each numeral, in turn, is followed by one or more designations of educational level for which the numbered concepts are appropriate.[1]

Mental-Emotional Health: V – junior high, senior high.

Drug Use and Misuse: I – primary, intermediate; II – all grade levels; III – primary, senior high; IV – primary, senior high.

Oral health: I – senior high; II and III – all grade levels.

Vision and Hearing: IV – junior high, senior high.

Nutrition: I – senior high; II – senior high; III – all grade levels; V – intermediate, junior high, senior high.

Diseases and Disorders: I – senior high; II – junior high; III – primary, senior high.

Environmental Health Hazards: II – junior high; V – senior high.

Community Health Resources: I – all grade levels; II – primary, intermediate.

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[1] Interrelationships will be shown in like manner throughout the ten overviews.

CONSUMER HEALTH[2]

Major Concept	*Primary Level*	*Intern*
I **To maintain health requires effort, time, and money; but failure to maintain health is detrimental and more costly.**		**GRADE-LEVEL CONCEPT: Prevention results of neglecting one's health.** OBJECTIVE: Discusses why prevention CONTENT: (1) immunization reduc caries early saves teeth and r permanent damage; (4) precautio one's talents.
II **Scientific knowledge and understanding are bases for effective evaluation, selection, and utilization of health information, products, and services.**	**GRADE-LEVEL CONCEPT: Adults can help children solve health problems** OBJECTIVE: Names appropriate sources of help in various situations of injury, illness, and disorders. CONTENT: (1) parents; (2) doctors; (3) dentists; (4) nurses. OBJECTIVE: Tells how physicians, dentists, and nurses protect our health. CONTENT: (1) early detection; (2) treatment before extensive damage occurs; (3) health counseling.	**GRADE-LEVEL CONCEPT: The sou accuracy.** OBJECTIVE: Identifies various reliable CONTENT: (1) professional person health agencies; (4) approved vo panies. OBJECTIVE: Explains factors that influ CONTENT: (1) who provides the provided (motives); (3) date of in
III **Self-diagnosis and self-treatment may be dangerous to an individual.**		**GRADE-LEVEL CONCEPT: Mass me information.** OBJECTIVE: Names health products th CONTENT: (1) cosmetics; (2) nonp OBJECTIVE: Identifies types of mass information. CONTENT: (1) radio and television (3) articles in periodicals; (4) boo
IV **Quackery and faddism raise false hopes, delay proper medical attention, and cause financial waste.**		**GRADE-LEVEL CONCEPT: Superstiti dangerous.** OBJECTIVE: Describes the origin of he CONTENT: (1) old wives' tales; (2) OBJECTIVE: Cites ways in which hea dangerous. CONTENT: (1) delay in seeking t eating habits; (3) raising of false h

[2]NOTE: Descriptions of *objectives* and *content* throughout the ten content areas of this document are intended as EXAMPLES ONLY.

CONSUMER HEALTH[2]

Primary Level	*Intermediate Level*
	GRADE-LEVEL CONCEPT: Prevention and early treatment are less costly than results of neglecting one's health. OBJECTIVE: Discusses why prevention and early treatment are economical. CONTENT: (1) immunization reduces illness; (2) preventing or treating dental caries early saves teeth and money; (3) precautionary measures prevent permanent damage; (4) precautionary measures promote more effective use of one's talents.
CONCEPT: Adults can help children solve health problems mes appropriate sources of help in various situations of injury, sorders.) parents; (2) doctors; (3) dentists; (4) nurses. s how physicians, dentists, and nurses protect our health.) early detection; (2) treatment before extensive damage occurs; ounseling.	**GRADE-LEVEL CONCEPT: The source of health information influences its accuracy.** OBJECTIVE: Identifies various reliable sources of health information. CONTENT: (1) professional personnel; (2) professional associations; (3) public health agencies; (4) approved voluntary health agencies; (5) insurance companies. OBJECTIVE: Explains factors that influence the accuracy of health information. CONTENT: (1) who provides the information; (2) why the information is provided (motives); (3) date of information. **GRADE-LEVEL CONCEPT: Mass media may be misleading sources of health information.** OBJECTIVE: Names health products that are commonly misrepresented. CONTENT: (1) cosmetics; (2) nonprescription drugs; (3) tobacco; (4) dentifrices. OBJECTIVE: Identifies types of mass media that may include misleading sources of information. CONTENT: (1) radio and television commercials; (2) advertising in periodicals; (3) articles in periodicals; (4) books on health topics.
	GRADE-LEVEL CONCEPT: Superstitions and misconceptions about health may be dangerous. OBJECTIVE: Describes the origin of health superstitions and misconceptions. CONTENT: (1) old wives' tales; (2) folk medicine; (3) quacks; (4) faddists. OBJECTIVE: Cites ways in which health superstitions and misconceptions may be dangerous. CONTENT: (1) delay in seeking treatment; (2) likelihood of acquiring poor eating habits; (3) raising of false hopes; (4) creation of anxieties.

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CONSUMER HEALTH[2]

Junior High Level	*Senior H*
GRADE-LEVEL CONCEPT: Disease and premature death are detrimental and costly. OBJECTIVE: Illustrates how disease and premature death are detrimental and costly. CONTENT: (1) personal costs; (2) loss of productivity; (3) rising costs of facilities and personnel for health care; (4) pain or discomfort.	**GRADE-LEVEL CONCEPT: The cost of ma citizens.** OBJECTIVE: Indicates the roles of individu governments) in maintaining health. CONTENT: (1) contribution of time and **GRADE-LEVEL CONCEPT: Each individual health care for himself and his family.** OBJECTIVE: Describes ways the health care CONTENT: (1) medical and dental care; (OBJECTIVE: Differentiates ways of meeting CONTENT: (1) cash for services; (2) pr sponsored programs, such as Medi-Cal Services.
GRADE-LEVEL CONCEPT: Discretion in selection and utilization of health products can both enhance health and save money. OBJECTIVE: Summarizes factors to consider when evaluating, selecting, and using health products. CONTENT: (1) labels; (2) cost; (3) generic versus brand names; (4) prescription versus non-prescription drugs. OBJECTIVE: Discusses the effects on health when products are not used wisely. CONTENT: (1) may cause direct harm; (2) may cover up symptoms of disease. **GRADE-LEVEL CONCEPT: Advertising may mislead individuals in their selection and use of health information, products, and services.** OBJECTIVE: Cites examples of appeals that are used by advertisers. CONTENT: (1) plays upon emotions; (2) appeals to the sexes; (3) makes unstated assumptions; (4) appeals to the good life; (5) utilizes hero worship. OBJECTIVE: Describes the impact of advertising techniques on individuals. CONTENT: (1) buying products that are not needed; (2) buying products that may be harmful to the consumer; (3) selecting personnel not qualified to care for the consumer's health problem.	**GRADE-LEVEL CONCEPT: Using sound cr securing professional health care.** OBJECTIVE: Develops criteria for the select CONTENT: (1) qualifications of perso (3) quality of services and facilities; (4 **GRADE-LEVEL CONCEPT: Diagnosing and qualified personnel.** OBJECTIVE: Lists different types of qualif services. CONTENT: (1) general practitioners; (2 paradental personnel. OBJECTIVE: Cites examples of dangers in se CONTENT: (1) postponing adequate trea illness; (3) attempting improper medica **GRADE-LEVEL CONCEPT: Individuals, to maintenance of health.** OBJECTIVE: Describes situations in which health. CONTENT: (1) minor ailments; (2) acci practices.
GRADE-LEVEL CONCEPT: Quackery and faddism are dangerous to health. OBJECTIVE: Identifies examples of health quackery and faddism. CONTENT: (1) false cures for cancer; (2) ineffective treatment for arthritis; (3) food faddism. OBJECTIVE: Predicts potential hazards of faddism and quackery. CONTENT: (1) raising false hopes; (2) delaying proper medical treatment; (3) incurring damage because of improper treatment.	**GRADE-LEVEL CONCEPT: Quacks and fad** OBJECTIVE: Cites reasons why individuals s CONTENT: (1) ignorance; (2) as a last res OBJECTIVE: Describes those techniques w misleading people. CONTENT: (1) promise of fast cure; (2) painless; (4) use of testimonials; (5) qualified personnel. **GRADE-LEVEL CONCEPT: Both individual against the quack and the faddist.** OBJECTIVE: Defines individual and societa the faddist. CONTENT: (1) reporting quackery; (2) ment; (4) improving education. OBJECTIVE: Cites examples of how present the individual. CONTENT: (1) setting of standards; (2)

[2]NOTE: Descriptions of *objectives* and *content* throughout the ten content areas of this document are intended as EXAMPLES ONLY.

CONSUMER HEALTH[2]

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and quackery.
ing proper medical treatment; (3) incurring

t throughout the ten content areas of

Senior High Level

GRADE-LEVEL CONCEPT: The cost of maintaining a healthy nation is the responsibility of its citizens.

OBJECTIVE: Indicates the roles of individuals and groups (industry, agencies, organizations, and governments) in maintaining health.
CONTENT: (1) contribution of time and talents; (2) financial support (taxes and gifts).

GRADE-LEVEL CONCEPT: Each individual, to the best of his ability, is responsible for providing health care for himself and his family.

OBJECTIVE: Describes ways the health care dollar is spent.
CONTENT: (1) medical and dental care; (2) hospitalization; (3) health products.

OBJECTIVE: Differentiates ways of meeting costs of health services and products.
CONTENT: (1) cash for services; (2) prepaid health insurance; (3) clinics; (4) government-sponsored programs, such as Medi-Cal, Medicare, Short-Doyle Program, Crippled Children's Services.

GRADE-LEVEL CONCEPT: Using sound criteria helps the individual make intelligent choices in securing professional health care.

OBJECTIVE: Develops criteria for the selection of health services.
CONTENT: (1) qualifications of personnel; (2) availability of personnel and facilities; (3) quality of services and facilities; (4) cost of services.

GRADE-LEVEL CONCEPT: Diagnosing and treating illness and injury are the responsibilities of qualified personnel.

OBJECTIVE: Lists different types of qualified professional health personnel and describes their services.
CONTENT: (1) general practitioners; (2) medical and dental specialists; (3) paramedical and paradental personnel.

OBJECTIVE: Cites examples of dangers in self-diagnosis and self-treatment.
CONTENT: (1) postponing adequate treatment; (2) covering up signs and symptoms of serious illness; (3) attempting improper medication, which is dangerous.

GRADE-LEVEL CONCEPT: Individuals, to some degree, can rely on their own resources for the maintenance of health.

OBJECTIVE: Describes situations in which a person can use his own resources in maintaining his health.
CONTENT: (1) minor ailments; (2) accidents (until the doctor arrives); (3) everyday health practices.

GRADE-LEVEL CONCEPT: Quacks and faddists infiltrate all segments of society.

OBJECTIVE: Cites reasons why individuals seek out quacks.
CONTENT: (1) ignorance; (2) as a last resort; (3) selling power of the quack.

OBJECTIVE: Describes those techniques which make the quack and the faddist successful in misleading people.
CONTENT: (1) promise of fast cure; (2) claim of secret remedy; (3) promise that treatment is painless; (4) use of testimonials; (5) promise of cure in cases diagnosed as terminal by qualified personnel.

GRADE-LEVEL CONCEPT: Both individuals and society are responsible for providing protection against the quack and the faddist.

OBJECTIVE: Defines individual and societal roles in providing protection against the quack and the faddist.
CONTENT: (1) reporting quackery; (2) improving legislation; (3) strengthening law enforcement; (4) improving education.

OBJECTIVE: Cites examples of how present food, drug, and cosmetic laws and agencies protect the individual.
CONTENT: (1) setting of standards; (2) testing of products; (3) inspection; (4) enforcement.

2

Mental-Emotional Health — Overview

Mental-emotional health is a major concern in today's complex society. The emphasis in this content area is placed upon the promotion and maintenance of good mental health. Consideration is given to biological and environmental influences on mental health; understanding oneself and others as a factor in developing optimal mental health; effects of stress on the individual in our society; and the impact of maladjustive behavior and ways of preventing and controlling such behavior.

The major problems of mental-emotional health, upon which the development of this content area has been based, include the following:

- Extent of mental illness and mental retardation in the United States and in California
- Misconceptions regarding mental illness, mental health, and mental retardation
- Inability to handle stress and tension
- Lack of services available for the mentally ill
- Failure to identify mental problems in their early stages

Correlation with Other Subject Areas

Selected content in the area of mental-e
most effectively with social sciences, musi

**Interrelationships Between Mental-Emotion
and Other Health Areas in This Framework**

Consumer Health: IV – intermediate, ju

Drug Use and Misuse: I – junior hig
senior high; III – intermediate; IV – interm

Family Health: I – all grade levels; II
intermediate, junior high, senior high; IV –

Vision and Hearing: IV – intermediate.

Nutrition: I – primary, junior high; IV –

Exercise, Rest, and Posture: I – pri
II – junior high; III – primary, junior high.

Diseases and Disorders: I – intermediat
high.

Environmental Health Hazards: I – int
high, senior high.

2

Mental-Emotional Health — Overview

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ns regarding mental illness, mental health, and mental

ndle stress and tension

es available for the mentally ill

ntify mental problems in their early stages

Correlation with Other Subject Areas

Selected content in the area of mental-emotional health can be correlated most effectively with social sciences, music, drama, and physical education.

Interrelationships Between Mental-Emotional Health and Other Health Areas in This Framework

Consumer Health: IV – intermediate, junior high.

Drug Use and Misuse: I – junior high; II – intermediate, junior high, senior high; III – intermediate; IV – intermediate, junior high.

Family Health: I – all grade levels; II – junior high, senior high; III – intermediate, junior high, senior high; IV – junior high.

Vision and Hearing: IV – intermediate.

Nutrition: I – primary, junior high; IV – junior high, senior high.

Exercise, Rest, and Posture: I – primary, intermediate, senior high; II – junior high; III – primary, junior high.

Diseases and Disorders: I – intermediate, junior high; II – primary, junior high.

Environmental Health Hazards: I – intermediate, senior high; II – junior high, senior high.

MENTAL-EMOTIONAL HEALTH

Major Concept	*Primary Level*	*Interme*
I **Mental health is influenced by the interrelationship of biological and environmental, including cultural, factors.**	**GRADE-LEVEL CONCEPT: Health practices influence and are influenced by one's emotions.** OBJECTIVE: Describes personal health practices which influence and are influenced by one's emotions. CONTENT: (1) sleep and rest; (2) eating; (3) physical activity; (4) posture.	**GRADE-LEVEL CONCEPT: Biological** OBJECTIVE: Discusses biological factor CONTENT: (1) nervous system; (2) appearance. **GRADE-LEVEL CONCEPT: One's env health.** OBJECTIVE: Summarizes environmenta CONTENT: (1) physical factors (ho factors.
II **Developing and maintaining optimal mental health include understanding oneself and others.**	**GRADE-LEVEL CONCEPT: Making friends and getting along with others make life more satisfying.** OBJECTIVE: Lists ways of making and keeping friends. CONTENT: (1) being friendly; (2) being fair; (3) respecting the rights of others. OBJECTIVE: Tells how one can gain satisfaction through family and friends. CONTENT: (1) companionship; (2) someone to confide in; (3) security.	**GRADE-LEVEL CONCEPT: People are a unique person.** OBJECTIVE: Explains the importance one's strengths and weaknesses. CONTENT: (1) goals can be achieve limited; (3) satisfaction from achie OBJECTIVE: Illustrates ways in which i CONTENT: (1) physical needs (shelt security, companionship). OBJECTIVE: Provides examples to show CONTENT: (1) size and shape; (2 (4) feelings and thoughts; (5) inter
III **Stress, an unavoidable product of our culture, can be either productive or detrimental to man.**	**GRADE-LEVEL CONCEPT: Young children, as well as adults, have responsibilities.** OBJECTIVE: Indicates how assuming responsibility helps to reduce stress. CONTENT: (1) obtains personal satisfaction; (2) gains the respect of others; (3) eliminates source of stress. OBJECTIVE: Identifies achievable responsibilities at home and at school. CONTENT: (1) helps with family chores; (2) maintains own room; (3) does assigned school work to best of ability. OBJECTIVE: Tells how stress may result from undue concern about responsibilities. CONTENT: (1) worrying about not carrying out responsibilities satisfactorily; (2) being overly concerned about trying to please; (3) failing to carry out responsibilities.	**GRADE-LEVEL CONCEPT: Individuals** OBJECTIVE: Compares and contrasts th CONTENT: (1) stress may be a mo better when under mild stress; (3 interfere with normal response. OBJECTIVE: Identifies typical situation CONTENT: (1) competition (baseba tions; (4) pressure of school curricu OBJECTIVE: Explains ways that individu CONTENT: (1) modify goals; (2) cha
IV **Maladjustive behavior varies in its impact on the individual and society.** **V** **Qualified help is available for those with maladjustive behavior.**	**GRADE-LEVEL CONCEPT: Emotions, when not controlled, can be harmful.** OBJECTIVE: Identifies basic emotions and discusses how they may be helpful or harmful. CONTENT: (1) anger – motivation or carelessness; (2) fear – caution or panic; (3) love – security or overdependence. OBJECTIVE: Tells positive ways of relieving emotions. CONTENT: (1) talking with someone; (2) playing; (3) working; (4) enjoying a hobby.	**GRADE-LEVEL CONCEPT: Individuals demands of living.** OBJECTIVE: Identifies ways in which i living (adjustment mechanisms). CONTENT: (1) rationalization; (2) adjustment mechanisms. OBJECTIVE: Discusses how maladjusti adjustment mechanisms. CONTENT: (1) explaining away prob ently blaming others; (3) indulging

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

MENTAL-EMOTIONAL HEALTH

Primary Level	*Intermediate Level*
NCEPT: Health practices influence and are influenced by one's ibes personal health practices which influence and are influenced s. sleep and rest; (2) eating; (3) physical activity; (4) posture.	**GRADE-LEVEL CONCEPT: Biological factors influence one's mental health.** OBJECTIVE: Discusses biological factors that influence mental health. CONTENT: (1) nervous system; (2) endocrine glands; (3) heredity; (4) physical appearance. **GRADE-LEVEL CONCEPT: One's environment helps to determine one's mental health.** OBJECTIVE: Summarizes environmental factors affecting mental health. CONTENT: (1) physical factors (housing, climate); (2) social factors; (3) ethnic factors.
NCEPT: Making friends and getting along with others make life ways of making and keeping friends. being friendly; (2) being fair; (3) respecting the rights of others. how one can gain satisfaction through family and friends. companionship; (2) someone to confide in; (3) security.	**GRADE-LEVEL CONCEPT: People are similar in many ways, but each individual is a unique person.** OBJECTIVE: Explains the importance of setting realistic goals within the limits of one's strengths and weaknesses. CONTENT: (1) goals can be achieved; (2) undue pressure and frustration can be limited; (3) satisfaction from achieving goals can be realized. OBJECTIVE: Illustrates ways in which individuals are similar. CONTENT: (1) physical needs (shelter, food, safety); (2) emotional needs (love, security, companionship). OBJECTIVE: Provides examples to show how individuals are unique. CONTENT: (1) size and shape; (2) rate of growth; (3) skills and abilities; (4) feelings and thoughts; (5) interests.
NCEPT: Young children, as well as adults, have responsibilities. ates how assuming responsibility helps to reduce stress. obtains personal satisfaction; (2) gains the respect of others; s source of stress. ifies achievable responsibilities at home and at school. helps with family chores; (2) maintains own room; (3) does ol work to best of ability. how stress may result from undue concern about responsibilities. worrying about not carrying out responsibilities satisfactorily; rly concerned about trying to please; (3) failing to carry out es.	**GRADE-LEVEL CONCEPT: Individuals react differently to stressful situations.** OBJECTIVE: Compares and contrasts the values and limitations of stress. CONTENT: (1) stress may be a motivating factor; (2) some individuals work better when under mild stress; (3) stress may cause undue concern and may interfere with normal response. OBJECTIVE: Identifies typical situations in which stress occurs. CONTENT: (1) competition (baseball); (2) sibling rivalry; (3) parental expectations; (4) pressure of school curriculum. OBJECTIVE: Explains ways that individuals reduce stress. CONTENT: (1) modify goals; (2) change activity; (3) balance work and play.
NCEPT: Emotions, when not controlled, can be harmful. tifies basic emotions and discusses how they may be helpful or anger – motivation or carelessness; (2) fear – caution or panic; curity or overdependence. positive ways of relieving emotions. talking with someone; (2) playing; (3) working; (4) enjoying a	**GRADE-LEVEL CONCEPT: Individuals vary in their ability to adjust to the demands of living.** OBJECTIVE: Identifies ways in which individuals adjust to the demands of daily living (adjustment mechanisms). CONTENT: (1) rationalization; (2) projection; (3) identification; (4) other adjustment mechanisms. OBJECTIVE: Discusses how maladjustive behavior may result from misuse of adjustment mechanisms. CONTENT: (1) explaining away problems instead of solving them; (2) consistently blaming others; (3) indulging in excessive day dreaming.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

Junior High Level

GRADE-LEVEL CONCEPT: No one factor is solely responsible for one's mental health.

OBJECTIVE: Describes the interrelationship of biological and environmental influences upon one's mental health.

CONTENT: (1) heredity sets limits and environment determines levels of attainment; (2) stress situations in one's environment cause biological reactions, which, in turn, may cause anxiety; (3) a pleasant environment may bring about feelings of calm and tranquility.

GRADE-LEVEL CONCEPT: Individuals who have good mental health exhibit some common characteristics.

OBJECTIVE: States the characteristics of the mentally healthy individual.

CONTENT: (1) understanding and liking oneself; (2) understanding and getting along with others; (3) meeting the daily demands of living in an effective way.

GRADE-LEVEL CONCEPT: Individuals are basically worthy and make contributions to society.

OBJECTIVE: Discusses the importance of recognizing and accepting the contributions of others.

CONTENT: (1) encourages individuals to make contributions; (2) helps individuals to feel worthwhile; (3) helps in the rehabilitation of individuals.

GRADE-LEVEL CONCEPT: Peer pressures produce stress which individuals can learn to handle.

OBJECTIVE: Interprets how peer pressures can affect an individual's behavior.

CONTENT: (1) may become a blind follower; (2) may desert his peer group; (3) may have conflict with parents owing to difference in expectation of peer group and parents.

OBJECTIVE: Summarizes factors that determine when it is appropriate to make one's own decision and when one should follow the advice of others.

CONTENT: (1) individual maturity; (2) personal understanding of the situation; (3) importance of the decision; (4) ability of others to help.

OBJECTIVE: Indicates ways of handling stress produced by peer pressures.

CONTENT: (1) talking it out; (2) working off anger; (3) taking one thing at a time; (4) assuming leadership responsibilities.

GRADE-LEVEL CONCEPT: Maladjusted individuals can be helped.

OBJECTIVE: Identifies types of maladjustive behavior.

CONTENT: (1) phobias; (2) obsessions; (3) anxieties; (4) depression; (5) delusions of grandeur.

OBJECTIVE: Discusses the importance of early detection.

CONTENT: (1) treatment more effective; (2) shorter hospitalization period; (3) efforts less costly.

OBJECTIVE: Categorizes the types of services available.

CONTENT: (1) medical and psychiatric; (2) recreational; (3) vocational.

Senior Hig

GRADE-LEVEL CONCEPT: A mentally mature
people, regardless of cultural, ethnic, or religious

OBJECTIVE: Explains ways in which a mentally m
tions regarding differing characteristics of various

CONTENT: (1) avoiding generalizations about
religion; (2) understanding and accepting cult

GRADE-LEVEL CONCEPT: Mental maturity is p
development of independence.

OBJECTIVE: Illustrates ways that the individual g

CONTENT: (1) increases personal responsibiliti
responsibilities for decision making; (4) broad

OBJECTIVE: Summarizes individual and family re

CONTENT: (1) improving communications; (2
accepting responsibility; (4) considering the
(5) understanding one another's needs.

GRADE-LEVEL CONCEPT: Stress produces phy
diseases and disorders.

OBJECTIVE: Discusses chronic diseases that may b

CONTENT: (1) allergies; (2) cardiovascular dise

GRADE-LEVEL CONCEPT: Effective utilization o
society.

OBJECTIVE: Differentiates sources of stress in our

CONTENT: (1) money; (2) family pressures;
(5) occupation; (6) education.

OBJECTIVE: Indicates how redirecting stress can b

CONTENT: (1) functioning at a higher level
productive.

GRADE-LEVEL CONCEPT: Impact on the indivi
serious mental disorders.

OBJECTIVE: Identifies potential family disruption

CONTENT: (1) conflicts in family relations
(3) worry over finances; (4) effects of broken

OBJECTIVE: Predicts potential savings to the i
prevented.

CONTENT: (1) improved efficiency of wor
(3) reduced cost of medical care.

OBJECTIVE: Summarizes advances in the control
CONTENT: (1) better understanding of human
(3) chemotherapy; (4) psychotherapy; (5) ou

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

MENTAL-EMOTIONAL HEALTH

Junior High Level	*Senior High Level*
ctor is solely responsible for one's mental health. onship of biological and environmental influences upon and environment determines levels of attainment; (2) stress t cause biological reactions, which, in turn, may cause nt may bring about feelings of calm and tranquility.	**GRADE-LEVEL CONCEPT: A mentally mature person strives to accept the worthiness of all people, regardless of cultural, ethnic, or religious characteristics.** OBJECTIVE: Explains ways in which a mentally mature person avoids prejudices and misconceptions regarding differing characteristics of various ethnic, cultural, and religious groups. CONTENT: (1) avoiding generalizations about groups of individuals on the basis of color or religion; (2) understanding and accepting cultural changes that affect individuals.
ls who have good mental health exhibit some common of the mentally healthy individual. liking oneself; (2) understanding and getting along with ands of living in an effective way. **ls are basically worthy and make contributions to society.** e of recognizing and accepting the contributions of others. uals to make contributions; (2) helps individuals to feel bilitation of individuals.	**GRADE-LEVEL CONCEPT: Mental maturity is partially dependent upon a gradual and orderly development of independence.** OBJECTIVE: Illustrates ways that the individual gains independence. CONTENT: (1) increases personal responsibilities; (2) gains financial independence; (3) accepts responsibilities for decision making; (4) broadens social contacts. OBJECTIVE: Summarizes individual and family responsibilities for developing independence. CONTENT: (1) improving communications; (2) parents delegating responsibility; (3) youth accepting responsibility; (4) considering the feelings of and showing respect for others; (5) understanding one another's needs.
sures produce stress which individuals can learn to handle. sures can affect an individual's behavior. nd follower; (2) may desert his peer group; (3) may have fference in expectation of peer group and parents. t determine when it is appropriate to make one's own the advice of others. ; (2) personal understanding of the situation; (3) impor- of others to help. g stress produced by peer pressures.) working off anger; (3) taking one thing at a time; bilities.	**GRADE-LEVEL CONCEPT: Stress produces physiological changes that may lead to chronic diseases and disorders.** OBJECTIVE: Discusses chronic diseases that may be related to the body's reaction to stress. CONTENT: (1) allergies; (2) cardiovascular disease; (3) mental illness. **GRADE-LEVEL CONCEPT: Effective utilization of stress can help an individual as well as benefit society.** OBJECTIVE: Differentiates sources of stress in our society. CONTENT: (1) money; (2) family pressures; (3) unequal opportunities; (4) pace of living; (5) occupation; (6) education. OBJECTIVE: Indicates how redirecting stress can be beneficial to the individual and to society. CONTENT: (1) functioning at a higher level; (2) striving harder; (3) making society more productive.
ed individuals can be helped. justive behavior. ions; (3) anxieties; (4) depression; (5) delusions of grandeur. e of early detection. ffective; (2) shorter hospitalization period; (3) efforts less services available. atric; (2) recreational; (3) vocational.	**GRADE-LEVEL CONCEPT: Impact on the individual and society can be reduced by preventing serious mental disorders.** OBJECTIVE: Identifies potential family disruptions owing to maladjustive behavior CONTENT: (1) conflicts in family relationships; (2) frustration of individual members; (3) worry over finances; (4) effects of broken homes. OBJECTIVE: Predicts potential savings to the individual and society if mental disorders are prevented. CONTENT: (1) improved efficiency of work; (2) fewer number of work hours lost; (3) reduced cost of medical care. OBJECTIVE: Summarizes advances in the control of mental disorders. CONTENT: (1) better understanding of human behavior; (2) improved diagnostic procedures; (3) chemotherapy; (4) psychotherapy; (5) outpatient clinics.

3

Drug Use and Misuse — Overview

When drugs are properly used, they are a benefit to mankind. In this content area, consideration is given to both the values of positive use of drugs and the dangers of misuse of drugs. Major concepts deal with the benefits of drugs; factors that influence drug misuse; harmful effects of tobacco, alcohol, and other drugs; and the responsibility of the individual and society in preventing drug misuse.

A major outcome of instruction in this area should be the realization that an individual can live a full and productive life without misusing drugs.

The major problems of drug use and misuse, upon which the development of this content area has been based, include the following:

- Failure to accept individual responsibility for control of the use of stimulants, depressants, and other substances
- Misuse of stimulants and depressants and other substances
- Drug dependence – alcoholism, addiction to narcotics and barbiturates, dependence upon tobacco, amphetamines, and hallucinogens
- Immediate and long-range effect
- Failure to control the source of s

Correlation with Other Subject Areas

Selected content in the area of drug effectively with biological sciences, physical education.

Interrelationships Between Drug Use a and Other Health Areas in This Frame

Consumer Health: II – intermediat
Mental-Emotional Health: V – seni
Family Health: IV – senior high.
Nutrition: V – senior high.
Diseases and Disorders: III – intern
Environmental Health Hazards: III
Community Health Resources: I –

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3

Drug Use and Misuse — Overview

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truction in this area should be the realization that nd productive life without misusing drugs.

lrug use and misuse, upon which the development n based, include the following:

lividual responsibility for control of the use of s, and other substances

nd depressants and other substances

coholism, addiction to narcotics and barbiturates, acco, amphetamines, and hallucinogens

- Immediate and long-range effects on health
- Failure to control the source of supply

Correlation with Other Subject Areas

Selected content in the area of drug use and misuse can be correlated most effectively with biological sciences, physical sciences, social sciences, and physical education.

Interrelationships Between Drug Use and Misuse and Other Health Areas in This Framework

Consumer Health: II – intermediate, junior high; III – junior high.
Mental-Emotional Health: V – senior high.
Family Health: IV – senior high.
Nutrition: V – senior high.
Diseases and Disorders: III – intermediate.
Environmental Health Hazards: III – senior high.
Community Health Resources: I – senior high.

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DRUG USE AND MISUSE

Major Concept	*Primary Level*	*In*
I **When used properly, drugs are beneficial to mankind.**	**GRADE-LEVEL CONCEPT: Medicines are helpful for maintaining health.** OBJECTIVE: Tells how medicines may be beneficial. CONTENT: (1) prevent infection; (2) relieve pain; (3) control coughs; (4) ease upset stomach. OBJECTIVE: Discusses why medicine should be taken under supervision of parent as prescribed or recommended by a physician or a dentist. CONTENT: (1) the correct drug for illness; (2) proper dosage; (3) proper frequency of use.	**GRADE-LEVEL CONCEPT: Dru medical use.** OBJECTIVE: Gives examples of be taken. CONTENT: (1) pill – aspirin; cine; (4) capsule – antihista OBJECTIVE: Tells differences be CONTENT: (1) prescription d (2) nonprescription drugs ar needed for the manufactur drugs are generally more usually for minor ailments o
II **Many factors influence the misuse of drugs.**	**GRADE-LEVEL CONCEPT: A variety of conditions contribute to the misuse of medicines.** OBJECTIVE: Discusses conditions under which a person might take the wrong medicine. CONTENT: (1) not reading the label; (2) taking medicines in the dark; (3) accepting substances from strangers; (4) using another person's medicine; (5) taking more than the prescribed dose; (6) taking medicine from an unlabeled bottle.	**GRADE-LEVEL CONCEPT: Misu** OBJECTIVE: Explains why misus CONTENT: (1) being motivat accidentally; (4) being inf (6) experimenting. OBJECTIVE: Summarizes exampl CONTENT: (1) uses medicine than the prescribed or recor or recommended time sch nately; (5) takes drugs for "t
III **Tobacco is harmful; and alcohol and other drugs, if misused, are harmful to the individual and to society.**	**GRADE-LEVEL CONCEPT: Some substances that are commonly used can be harmful if misused.** OBJECTIVE: Identifies substances that can be harmful if misused. CONTENT: (1) cola drinks; (2) tea and coffee; (3) alcohol; (4) medicines (aspirin, vitamins, diet pills, antibiotics, antihistamine).	**GRADE-LEVEL CONCEPT: Indiv in tobacco, alcohol, and other d** OBJECTIVE: Cites individual diff drugs. CONTENT: (1) bodily size; (2) OBJECTIVE: Describes individual CONTENT: (1) may become ps logically dependent; (3) m control of behavior.
IV **The individual and society need to accept responsibility for preventing the misuse of tobacco, alcohol, and other drugs.**	**GRADE-LEVEL CONCEPT: Each person must treat medicine and other substances with respect.** OBJECTIVE: Cites ways in which the individual shows his respect for drugs. CONTENT: (1) uses only when necessary; (2) takes only in recommended amounts and at recommended times; (3) takes only under supervision.	**GRADE-LEVEL CONCEPT: Perso help one to avoid the misuse of** OBJECTIVE: Discusses the value misuse of drugs. CONTENT: (1) self-respect; (2) behavior; (4) sound personal

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

DRUG USE AND MISUSE

Primary Level	*Intermediate Level*
E-LEVEL CONCEPT: Medicines are helpful for maintaining health. TIVE: Tells how medicines may be beneficial. NTENT: (1) prevent infection; (2) relieve pain; (3) control coughs; (4) ease upset stomach. TIVE: Discusses why medicine should be taken under supervision of parent rescribed or recommended by a physician or a dentist. NTENT: (1) the correct drug for illness; (2) proper dosage; (3) proper requency of use.	**GRADE-LEVEL CONCEPT: Drugs with different properties are prescribed for medical use.** OBJECTIVE: Gives examples of different forms in which common medicines may be taken. CONTENT: (1) pill – aspirin; (2) injection – penicillin; (3) liquid – cough medicine; (4) capsule – antihistamine. OBJECTIVE: Tells differences between prescription and nonprescription drugs. CONTENT: (1) prescription drugs are prescribed by a doctor or a dentist; (2) nonprescription drugs are sold over the counter; (3) more rigid controls are needed for the manufacture and sale of prescription drugs; (4) prescription drugs are generally more potent; (5) nonprescription drugs are intended usually for minor ailments of short duration.
E-LEVEL CONCEPT: A variety of conditions contribute to the misuse of icines. TIVE: Discusses conditions under which a person might take the wrong icine. TENT: (1) not reading the label; (2) taking medicines in the dark; 3) accepting substances from strangers; (4) using another person's medicine; 5) taking more than the prescribed dose; (6) taking medicine from an nlabeled bottle.	**GRADE-LEVEL CONCEPT: Misuse of drugs often starts early in life.** OBJECTIVE: Explains why misuse of drugs often starts early in life. CONTENT: (1) being motivated by curiosity; (2) imitating adults; (3) using accidentally; (4) being influenced by other users; (5) acting on a dare; (6) experimenting. OBJECTIVE: Summarizes examples of the misuse of drugs. CONTENT: (1) uses medicines prescribed for another person; (2) takes more than the prescribed or recommended amount; (3) does not follow a prescribed or recommended time schedule; (4) uses nonprescription drugs indiscriminately; (5) takes drugs for "kicks."
-LEVEL CONCEPT: Some substances that are commonly used can be ful if misused. TIVE: Identifies substances that can be harmful if misused. TENT: (1) cola drinks; (2) tea and coffee; (3) alcohol; (4) medicines (aspin, vitamins, diet pills, antibiotics, antihistamine).	**GRADE-LEVEL CONCEPT: Individuals react differently to the chemicals contained in tobacco, alcohol, and other drugs.** OBJECTIVE: Cites individual differences that cause people to react differently to drugs. CONTENT: (1) bodily size; (2) sensitivity; (3) metabolism. OBJECTIVE: Describes individual reactions to drugs. CONTENT: (1) may become psychologically dependent; (2) may become physiologically dependent; (3) may have drug reaction-sensitivity; (4) may lose control of behavior.
LEVEL CONCEPT: Each person must treat medicine and other substances respect. IVE: Cites ways in which the individual shows his respect for drugs. TENT: (1) uses only when necessary; (2) takes only in recommended nounts and at recommended times; (3) takes only under supervision.	**GRADE-LEVEL CONCEPT: Personal goals and practices established early in life can help one to avoid the misuse of drugs.** OBJECTIVE: Discusses the values of personal goals and practices in avoiding the misuse of drugs. CONTENT: (1) self-respect; (2) respect for one's body; (3) healthy standards of behavior; (4) sound personal decisions.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

DRUG USE AND MISUSE

Junior High Level

GRADE-LEVEL CONCEPT: Medicines can help the individual to function more effectively.

OBJECTIVE: Describes ways in which medicines can be used to benefit the individual.

CONTENT: (1) to control communicable diseases; (2) to control chronic disorders; (3) to aid in surgery and to relieve pain; (4) to aid in the treatment of mental disorders.

GRADE-LEVEL CONCEPT: Physical, emotional, and social factors influence the misuse of drugs.

OBJECTIVE: Identifies physical and emotional factors that lead to the misuse of drugs.

CONTENT: (1) self-medication (relieving pain); (2) escape from reality; (3) compensation; (4) medically induced drug dependency; (5) attempts to overcome fatigue.

OBJECTIVE: Explains how social pressures can lead to the misuse of drugs.

CONTENT: (1) experiencing the influence of peer groups; (2) seeking false status; (3) rebelling against authority; (4) engaging in individual and group experimentation.

GRADE-LEVEL CONCEPT: Tobacco, alcohol, and other drugs may cause harmful effects that are immediate and long-range.

OBJECTIVE: Identifies potential harmful effects of drugs.

CONTENT: (1) *effects from tobacco:* (a) immediate (cardiovascular, mucous membrane, human performance, blood chemistry); (b) long-range (heart disease, lung cancer, emphysema, other circulatory disorders); (2) *effects from alcohol:* (a) immediate (intoxication, reaction time, sense organs, blood chemistry, neuromuscular coordination); (b) long-range (alcoholism, liver malfunction, brain damage); (3) *effects from other stimulants, depressants, or hallucinogens:* (a) immediate (stimulation or depression of nervous or circulatory system, hallucinations, distortion of senses, death caused by overdose); (b) long-range (dependence, chromosomal change, mental disorder, shortening of life expectancy); (4) *synergistic effects* (result of combination of drugs): death, masked symptoms.

GRADE-LEVEL CONCEPT: One can live a normal, full, and happy life without misusing drugs.

OBJECTIVE: Illustrates ways to cope with social pressures other than through use of drugs.

CONTENT: (1) having realistic goals; (2) participating in productive leisure-time activities; (3) achieving social relationships; (4) making one's own decisions.

Senior

GRADE-LEVEL CONCEPT: Society benefits t

OBJECTIVE: Cites examples to show how soci

CONTENT: (1) prevention of premature (3) decreased infant and maternal morta for persons.

GRADE-LEVEL CONCEPT: Society contribu

OBJECTIVE: Summarizes ways that misuse of

CONTENT: (1) discovery of new drugs; (2 tion; (4) living in a drug-oriented society

GRADE-LEVEL CONCEPT: The use of toba upon the individual and society.

OBJECTIVE: Summarizes individual and soc alcohol, and other drugs.

CONTENT: (1) accidents resulting in deat life; (3) crime; (4) cost of rehabilitation and death; (7) loss of productive man-h criminal record on job placement and ot

GRADE-LEVEL CONCEPT: Specific actions the misuse of drugs.

OBJECTIVE: Suggests ways in which the indi

CONTENT: (1) supporting community eff of users; (2) setting good examples for the drug problem; (4) supporting legisla offenders.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

DRUG USE AND MISUSE

Junior High Level	*Senior High Level*
an help the individual to function more effectively. edicines can be used to benefit the individual. able diseases; (2) to control chronic disorders; (3) to aid o aid in the treatment of mental disorders.	**GRADE-LEVEL CONCEPT: Society benefits from the use of medicines.** OBJECTIVE: Cites examples to show how society benefits from the proper use of medicines. CONTENT: (1) prevention of premature deaths; (2) prevention of severe epidemics; (3) decreased infant and maternal mortality rates; (4) increased productivity and fuller lives for persons.
notional, and social factors influence the misuse of drugs. otional factors that lead to the misuse of drugs. eving pain); (2) escape from reality; (3) compensation; ency; (5) attempts to overcome fatigue. res can lead to the misuse of drugs. uence of peer groups; (2) seeking false status; (3) rebelling ndividual and group experimentation.	**GRADE-LEVEL CONCEPT: Society contributes to the misuse of drugs.** OBJECTIVE: Summarizes ways that misuse of drugs is influenced by society. CONTENT: (1) discovery of new drugs; (2) activity of criminal element; (3) ease of transportation; (4) living in a drug-oriented society; (5) effects of advertising.
lcohol, and other drugs may cause harmful effects that are l effects of drugs. *co:* (a) immediate (cardiovascular, mucous membrane, istry); (b) long-range (heart disease, lung cancer, emphy-); (2) *effects from alcohol:* (a) immediate (intoxication, d chemistry, neuromuscular coordination); (b) long-range rain damage); (3) *effects from other stimulants, depres-* diate (stimulation or depression of nervous or circulatory of senses, death caused by overdose); (b) long-range nge, mental disorder, shortening of life expectancy); mbination of drugs): death, masked symptoms.	**GRADE-LEVEL CONCEPT: The use of tobacco, alcohol, and other drugs has extensive effects upon the individual and society.** OBJECTIVE: Summarizes individual and societal problems resulting from the use of tobacco, alcohol, and other drugs. CONTENT: (1) accidents resulting in death, injury, and financial loss; (2) disruption of family life; (3) crime; (4) cost of rehabilitation; (5) loss of efficiency on the job; (6) cost of illness and death; (7) loss of productive man-hours due to shortened life expectancy; (8) effect of criminal record on job placement and other activities.
e a normal, full, and happy life without misusing drugs. ith social pressures other than through use of drugs. s; (2) participating in productive leisure-time activities; 4) making one's own decisions.	**GRADE-LEVEL CONCEPT: Specific actions can be taken by the individual and society to reduce the misuse of drugs.** OBJECTIVE: Suggests ways in which the individual and society can reduce the misuse of drugs. CONTENT: (1) supporting community efforts for the control of drugs and the rehabilitation of users; (2) setting good examples for less mature persons; (3) educating people concerning the drug problem; (4) supporting legislation; (5) supporting law enforcement; (6) reporting offenders.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

4

Family Health – Overview

A primary purpose of this content area is to help the individual be a responsible and effective family member now and in the future. To this end, family health stresses the positive health aspects of family living. Consideration is given, at the appropriate grade level, to the influence of the family members on one another's health; growth and development characteristics of children, youth, and adults; roles of males and females; factors that tend to contribute to successful marriage; and understanding human reproduction.

The major problems of family health, upon which the development of this content area has been based, include the following:

- Lack of understanding and lack of acceptance of roles of family members
- Lack of understanding of sexual matters and the need for developing positive attitudes toward sex
- Need for adjustment to the sex drive in everyday life
- Failure to prepare effectively for marriage
- Need for family planning
- Poor marital adjustments

Correlation with Other Subject Areas

Selected content in the area of famil effectively with home economics, social sc and physical education.

Interrelationships Between Family Health a Other Health Areas in This Framework

Mental-Emotional Health: I – interme ate, senior high; III – all grade levels; IV –

Drug Use and Misuse: I – senior high; I

Nutrition: I – senior high; II – senior high, senior high.

Diseases and Disorders: I – junior high high.

Community Health Resources: I – pr III – senior high.

4

Family Health — Overview

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derstanding and lack of acceptance of roles of family

derstanding of sexual matters and the need for developing udes toward sex

justment to the sex drive in everyday life

repare effectively for marriage

mily planning

adjustments

Correlation with Other Subject Areas

Selected content in the area of family health can be correlated most effectively with home economics, social sciences, biological sciences, drama, and physical education.

Interrelationships Between Family Health and Other Health Areas in This Framework

Mental-Emotional Health: I – intermediate, junior high; II – intermediate, senior high; III – all grade levels; IV – senior high.

Drug Use and Misuse: I – senior high; II – intermediate, junior high.

Nutrition: I – senior high; II – senior high; III – senior high; IV – junior high, senior high.

Diseases and Disorders: I – junior high; II – primary, junior high, senior high.

Community Health Resources: I – primary, intermediate, senior high; III – senior high.

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FAMILY HEALTH[3]

Major Concept	*Primary Level*	
I **The family and its members exert a significant influence on one another.**	**GRADE-LEVEL CONCEPT: Children can become responsible family members.** OBJECTIVE: Discusses one's contributions and responsibilities as a family member. CONTENT: (1) cooperates with others; (2) performs assigned duties; (3) considers rights of other family members.	**GRADE-LEVEL CONCEP** **practicing ways of achie** OBJECTIVE: Predicts fav CONTENT: (1) good i cautions against dise OBJECTIVE: Indicates pe family. CONTENT: (1) persona (3) getting along wit
II **Human masculinity and femininity are determined by biological, emotional, and social factors.**	**GRADE-LEVEL CONCEPT: One's role as a boy or girl starts early in life.** OBJECTIVE: Explains similarities and differences between boys and girls. CONTENT: (1) growth; (2) physical skills; (3) expected behavior.	**GRADE-LEVEL CONCEP** **they grow and mature.** OBJECTIVE: Compares a grow and develop. CONTENT: (1) individu on secondary sex cha **GRADE-LEVEL CONCEP** **behavior.** OBJECTIVE: Discusses ho CONTENT: (1) vocabul ment of the opposite
III **Effective preparation, the ability to adjust, and respect for and understanding of one's marriage partner tends to produce successful marriages.**		**GRADE-LEVEL CONCEPT** OBJECTIVE: Describes infl CONTENT: (1) social re ships; (4) environmen
IV **Persons may function more effectively in their roles as males or females when they understand each other and understand that reproduction is a normal process.**	**GRADE-LEVEL CONCEPT: The ability to grow and reproduce is characteristic of living things.[4]** OBJECTIVE: Indicates that all living things come from other living things. CONTENT: (1) plants and animals grow and reproduce; (2) human beings grow; (3) newborn babies have special needs.	**GRADE-LEVEL CONCEPT:** OBJECTIVE: Describes the r CONTENT: (1) reproduct changes; (3) influences
V **Family planning may help to improve the health of family members.**		

[3]The philosophy under which the five concepts in this content area shoul
Education in its Resolution dated April 10, 1969. The Board recognized that the Ca
one of the principal purposes of the public schools and resolved that "a Famil
necessary part of our over-all educational system (grades K-12) in order to aid in the

[4]Guidelines in the Resolution adopted by the State Board of Education Apr
relative to human reproduction not to be introduced prior to age of 9." Provisions
mind when planning instruction relating to human reproduction.

FAMILY HEALTH[3]

Primary Level	*Intermediate Level*
EPT: Children can become responsible family members. one's contributions and responsibilities as a family member. perates with others; (2) performs assigned duties; (3) con- her family members.	**GRADE-LEVEL CONCEPT: Family living provides opportunities for learning and practicing ways of achieving health.** OBJECTIVE: Predicts favorable health outcomes of family living. CONTENT: (1) good interpersonal relationships; (2) proper nourishment; (3) precautions against disease; (4) care for those with diseases or disorders. OBJECTIVE: Indicates personal responsibility that contributes to the health of the family. CONTENT: (1) personal health practices; (2) caring for others when they are ill; (3) getting along with other members.
EPT: One's role as a boy or girl starts early in life. similarities and differences between boys and girls. th; (2) physical skills; (3) expected behavior.	**GRADE-LEVEL CONCEPT: Differences between boys and girls become greater as they grow and mature.** OBJECTIVE: Compares and contrasts changes that occur in boys and girls as they grow and develop. CONTENT: (1) individual rates of growth and maturity; (2) effect of hormones on secondary sex characteristics; (3) differences in interest. **GRADE-LEVEL CONCEPT: Attitudes that one develops about sex influence behavior.** OBJECTIVE: Discusses how one shows his attitudes about sex. CONTENT: (1) vocabulary; (2) choice of personal reading material; (3) treatment of the opposite sex.
	GRADE-LEVEL CONCEPT: Many attitudes about marriage develop early in life. OBJECTIVE: Describes influences that affect one's attitudes about marriage. CONTENT: (1) social relationships; (2) types of home life; (3) family relationships; (4) environmental factors; (5) value systems.
EPT: The ability to grow and reproduce is characteristic of hat all living things come from other living things. s and animals grow and reproduce; (2) human beings grow; s have special needs.	**GRADE-LEVEL CONCEPT: Human reproduction is a normal function of living.[4]** OBJECTIVE: Describes the normal reproductive system. CONTENT: (1) reproductive systems; (2) physical development and bodily changes; (3) influences of heredity.

[3]The philosophy under which the five concepts in this content area should be developed is that adopted by the State Board of Education in its Resolution dated April 10, 1969. The Board recognized that the California Constitution prescribes "moral improvement" as one of the principal purposes of the public schools and resolved that "a Family Life and Health Education program be included as a necessary part of our over-all educational system (grades K-12) in order to aid in the carrying out of the full intent of the Constitution."

[4]Guidelines in the Resolution adopted by the State Board of Education April 10, 1969, include the following: "Earliest instruction relative to human reproduction not to be introduced prior to age of 9." Provisions of Education Code Section 8506 should also be kept in mind when planning instruction relating to human reproduction.

FAMILY HEALTH[3]

Junior High Level	*Senior*
GRADE-LEVEL CONCEPT: The family influences the ability of its members to make adjustments in society.	**GRADE-LEVEL CONCEPT: Young adults can**
OBJECTIVE: Describes factors that influence the family members.	CBJECTIVE: Describes parental behavior that
CONTENT: (1) cultural backgrounds of parents; (2) family dwelling; (3) health practices of family members; (4) economic position of family; (5) different family structures (one-parent family, mother-dominant family, grandparents in home, others); (6) family value system.	CONTENT: (1) providing for the health- constructively; (3) making the home a (4) demonstrating love and affection children and youth.
GRADE-LEVEL CONCEPT: The sex drive is a normal component of growth and development.	**GRADE-LEVEL CONCEPT: Masculinity and f life.**
OBJECTIVE: Discusses reasons why the sex drive is important.	OBJECTIVE: Identifies factors that influence t
CONTENT: (1) perpetuates mankind; (2) influences man's behavior.	CONTENT: (1) heredity; (2) changing sex ro
OBJECTIVE: Identifies factors that influence one's sex drive.	OBJECTIVE: Distinguishes between male and f
CONTENT: (1) biological makeup of the individual; (2) early childhood experience in the home; (3) parental attitudes; (4) nature and extent of influences in the environment.	CONTENT: (1) traditional roles of husband responsibilities in both careers.
	GRADE-LEVEL CONCEPT: Parents play a ma their masculinity and femininity.
	OBJECTIVE: Describes ways in which parents and feminine roles.
	CONTENT: (1) providing a father and moth (3) providing love and affection; (4) opportunities for exchanging viewpoints.
GRADE-LEVEL CONCEPT: Dating plays an important role in preparation for marriage.	**GRADE-LEVEL CONCEPT: Careful preparatio**
OBJECTIVE: Identifies the functions of dating.	OBJECTIVE: Develops criteria for selecting a m
CONTENT: (1) sense of belonging; (2) learning to get along with the opposite sex; (3) learning social behavior; (4) enjoyment.	CONTENT: (1) love versus infatuation; (2) toward parenthood; (5) values.
OBJECTIVE: Describes the various aspects of dating behavior.	OBJECTIVE: Discusses successive steps in prepa
CONTENT: (1) responsibilities to dating partner, self, and family; (2) standards of behavior; (3) implications of "going steady."	CONTENT: (1) dating; (2) courtship; (3) (5) wedding ceremony.
	GRADE-LEVEL CONCEPT: Mature personal a
	OBJECTIVE: Defines areas of adjustment neces
	CONTENT: (1) personality; (2) roles; (3) ra (7) religion; (8) children; (9) sexual (12) values.
	OBJECTIVE: Discusses useful approaches for r
	CONTENT: (1) better communication; (2) q
GRADE-LEVEL CONCEPT: Problems associated with the maturing process can be controlled.	**GRADE-LEVEL CONCEPT: The normal proce mother.**
OBJECTIVE: Draws conclusions regarding ways in which the individual, the family, and society can reduce problems related to the maturing process.	OBJECTIVE: Interprets how factors influencin reproductive process, including the health of
CONTENT: (1) recognizing physical and social problems that can be prevented by sound knowledge and education; (2) accepting responsibility for individual behavior; (3) showing respect for others.	CONTENT: (1) health aspects of pregnanc tobacco, and drugs); (2) care during birth
	GRADE-LEVEL CONCEPT: Family planning family members.
	OBJECTIVE: Summarizes important factors con
	CONTENT: (1) points of view; (2) right of of the childless; (4) sources of assistance i

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

FAMILY HEALTH[3]

Senior High Level

lity of its members to make

rs.
dwelling; (3) health practices of
different family structures (one-
home, others); (6) family value

GRADE-LEVEL CONCEPT: Young adults can develop their abilities to serve as effective parents.

OBJECTIVE: Describes parental behavior that is important in raising children.
CONTENT: (1) providing for the health and welfare of children; (2) using discipline constructively; (3) making the home an attractive and desirable place in which to live; (4) demonstrating love and affection to all family members; (5) communicating with children and youth.

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nt of growth and development.

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arly childhood experience in the
uences in the environment.

GRADE-LEVEL CONCEPT: Masculinity and famininity are developed throughout an individual's life.

OBJECTIVE: Identifies factors that influence the development of males and females.
CONTENT: (1) heredity; (2) changing sex roles in society; (3) environmental factors.

OBJECTIVE: Distinguishes between male and female sex roles in society.
CONTENT: (1) traditional roles of husband as breadwinner and wife as homemaker; (2) shared responsibilities in both careers.

GRADE-LEVEL CONCEPT: Parents play a major role in helping children and youth to develop their masculinity and femininity.

OBJECTIVE: Describes ways in which parents help children and youth to develop their masculine and feminine roles.
CONTENT: (1) providing a father and mother image; (2) accepting a child regardless of its sex; (3) providing love and affection; (4) maintaining a happy family unit; (5) providing opportunities for exchanging viewpoints.

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preparation for marriage.

with the opposite sex; (3) learning

family; (2) standards of behavior;

GRADE-LEVEL CONCEPT: Careful preparation enhances success in marriage.

OBJECTIVE: Develops criteria for selecting a marriage partner.
CONTENT: (1) love versus infatuation; (2) compatibility; (3) common interests; (4) attitudes toward parenthood; (5) values.

OBJECTIVE: Discusses successive steps in preparation for marriage.
CONTENT: (1) dating; (2) courtship; (3) engagement; (4) premarital health examination; (5) wedding ceremony.

GRADE-LEVEL CONCEPT: Mature personal adjustments are necessary for a successful marriage.

OBJECTIVE: Defines areas of adjustment necessary for a successful marriage.
CONTENT: (1) personality; (2) roles; (3) race; (4) family income; (5) recreation; (6) in-laws; (7) religion; (8) children; (9) sexual relations; (10) education; (11) communication; (12) values.

OBJECTIVE: Discusses useful approaches for resolving marital conflicts and preventing divorces.
CONTENT: (1) better communication; (2) qualified counsel.

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turing process can be controlled.
e individual, the family, and society

s that can be prevented by sound
for individual behavior; (3) showing

GRADE-LEVEL CONCEPT: The normal process of reproduction is affected by the health of the mother.

OBJECTIVE: Interprets how factors influencing the health of the mother can affect the normal reproductive process, including the health of the child.
CONTENT: (1) health aspects of pregnancy (Rh factor, German measles, use of alcohol, tobacco, and drugs); (2) care during birth process; (3) postnatal care.

GRADE-LEVEL CONCEPT: Family planning may be helpful to marriage partners and other family members.

OBJECTIVE: Summarizes important factors concerning family planning.
CONTENT: (1) points of view; (2) right of children to be wanted and cared for; (3) problems of the childless; (4) sources of assistance in family planning; (5) adopting children.

AS EXAMPLES ONLY.

Oral Health, Vision, and Hearing — Overvie

Problems associated with oral health, vision, and hearing affect nearly everyone in our society. In matters of oral health, consideration is given to health effects of oral neglect; factors that contribute to such disorders as tooth decay, malocclusion, and periodontal disease; and prevention and treatment of these disorders. Attention is given to fluoridation as an effective means of preventing tooth decay. In matters of vision and hearing, stress is placed on means of protecting one's vision and hearing; common defects of vision and hearing; factors that contribute to vision and hearing disorders; and the treatment and correction of vision and hearing disorders.

The major problems of oral health, vision, and hearing, upon which the development of this content area has been based, include the following:

- Lack of appreciation of the contributions of oral health, vision, and hearing to total health
- Prevalence of tooth decay, periodontal and orthodontic problems, and vision and hearing disorders
- Lack of fluoridation
- Poor practices relating to oral health, vision, and hearing
- Lack of provisions for those individuals who are afflicted with impairment of sense organs

Correlation with Other Subject Areas

Selected content in the area of oral healt correlated most effectively with biological scie art, and physical education.

Interrelationships Between Oral Health and Other Health Areas in This Framework

Consumer Health: I – primary; II – prima high.

Nutrition: I – intermediate, junior high; junior high.

Diseases and Disorders: I – junior high; II –

Community Health Resources: I – primary;

Interrelationships Between Vision and Hearing and Other Health Areas in This Framework

Diseases and Disorders: I – primary, ju III – primary.

Environmental Health Hazards: III – senior

Community Health Resources: IV – junior

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Oral Health, Vision, and Hearing — Overview

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hearing disorders

uoridation

ices relating to oral health, vision, and hearing

provisions for those individuals who are afflicted with
t of sense organs

Correlation with Other Subject Areas

Selected content in the area of oral health, vision, and hearing can be correlated most effectively with biological sciences, physical sciences, music, art, and physical education.

Interrelationships Between Oral Health and Other Health Areas in This Framework

Consumer Health: I – primary; II – primary, intermediate; III – senior high.

Nutrition: I – intermediate, junior high; II – primary, intermediate, junior high.

Diseases and Disorders: I – junior high; II – junior high; III – senior high.

Community Health Resources: I – primary; IV – junior high.

Interrelationships Between Vision and Hearing and Other Health Areas in This Framework

Diseases and Disorders: I – primary, junior high; II – junior high; III – primary.

Environmental Health Hazards: III – senior high; V – junior high.

Community Health Resources: IV – junior high.

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ORAL HEALTH, VISION, AND HEARING

Major Concept	*Primary Level*	
I **Neglect of oral health affects individuals of all ages.**	**GRADE-LEVEL CONCEPT: Oral neglect reduces the effectiveness of baby teeth as well as that of permanent teeth.** OBJECTIVE: Describes the purposes of baby teeth and permanent teeth. CONTENT: (1) maintain shape of face; (2) aid in eating; (3) assist in speech; (4) baby teeth maintain space for permanent teeth.	**GRADE-LEVEL CONCEPT:** OBJECTIVE: Identifies way relationships. CONTENT: (1) unpleasan **GRADE-LEVEL CONCEPT:** OBJECTIVE: Classifies teeth CONTENT: (1) incisors –
II **Most oral disorders can be prevented.** **III** **Oral disorders can be treated.**	**GRADE-LEVEL CONCEPT: Tooth decay can be prevented or controlled.** OBJECTIVE: Indicates parts of a tooth affected by tooth decay. CONTENT: (1) crown; (2) root; (3) nerve. OBJECTIVE: Lists ways of preventing tooth decay. CONTENT: (1) brushes teeth properly or rinses mouth after eating; (2) chooses proper foods; (3) visits dentist regularly. OBJECTIVE: Tells why one should go to a dentist. CONTENT: (1) early detection of tooth decay; (2) treatment of decayed teeth. **GRADE-LEVEL CONCEPT: Practices harmful to oral health can be avoided.** OBJECTIVE: Discusses practices that can be harmful to oral health. CONTENT: (1) thumb sucking; (2) pencil chewing; (3) nail biting; (4) careless behavior; (5) excessive eating of sweets.	**GRADE-LEVEL CONCEPT: prevention.** OBJECTIVE: Identifies facto CONTENT: (1) heredity; in the mouth; (5) sugar OBJECTIVE: Summarizes wa CONTENT: (1) by eating oral hygiene; (4) regular
IV **Most disorders of vision and hearing, which may occur at any age, can be prevented or treated and corrected.**	**GRADE-LEVEL CONCEPT: One's vision and hearing can be protected.** OBJECTIVE: Tells why vision and hearing should be protected. CONTENT: (1) one can enjoy his environment more; (2) learning is enhanced; (3) work tasks can be carried out more effectively; (4) recreation and play can be better enjoyed; (5) communication is improved. OBJECTIVE: Identifies practices that protect one's vision and hearing. CONTENT: (1) vision – seeking proper and sufficient light, using safety glasses when needed, protecting eyes from irritation or injury by foreign substances, avoiding direct visual contact with sun or bright lights, taking vision tests; (2) hearing – blowing nose gently, using care in diving, keeping foreign objects out of the ear, avoiding excessive noise, taking hearing tests.	**GRADE-LEVEL CONCEPT: factors.** OBJECTIVE: Identifies facto CONTENT: (1) heredity; (5) accidents. OBJECTIVE: Explains why hearing disorders are import CONTENT: (1) to avoid personal problems.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

ORAL HEALTH, VISION, AND HEARING

Primary Level	*Intermediate Level*
ONCEPT: Oral neglect reduces the effectiveness of baby teeth as ermanent teeth. cribes the purposes of baby teeth and permanent teeth.) maintain shape of face; (2) aid in eating; (3) assist in speech; h maintain space for permanent teeth.	**GRADE-LEVEL CONCEPT: Oral neglect affects appearance and social relationships.** OBJECTIVE: Identifies ways in which oral health influences appearance and social relationships. CONTENT: (1) unpleasant breath; (2) unsightly teeth; (3) rejection by peers. **GRADE-LEVEL CONCEPT: Neglect of teeth interferes with their function.** OBJECTIVE: Classifies teeth according to type and function. CONTENT: (1) incisors – cutting; (2) canine – tearing; (3) molars – grinding.
ONCEPT: Tooth decay can be prevented or controlled. icates parts of a tooth affected by tooth decay.) crown; (2) root; (3) nerve. s ways of preventing tooth decay.) brushes teeth properly or rinses mouth after eating; (2) chooses ; (3) visits dentist regularly. s why one should go to a dentist.) early detection of tooth decay; (2) treatment of decayed teeth. **ONCEPT: Practices harmful to oral health can be avoided.** cusses practices that can be harmful to oral health.) thumb sucking; (2) pencil chewing; (3) nail biting; (4) careless excessive eating of sweets.	**GRADE-LEVEL CONCEPT: Many factors contribute to tooth decay and its prevention.** OBJECTIVE: Identifies factors that contribute to tooth decay. CONTENT: (1) heredity; (2) tooth structure; (3) the nature of saliva; (4) bacteria in the mouth; (5) sugar in the mouth. OBJECTIVE: Summarizes ways in which tooth decay can be prevented. CONTENT: (1) by eating properly; (2) fluoridation of drinking water; (3) proper oral hygiene; (4) regular visits to the dentist.
ONCEPT: One's vision and hearing can be protected. s why vision and hearing should be protected.) one can enjoy his environment more; (2) learning is enhanced; an be carried out more effectively; (4) recreation and play can be (5) communication is improved. ntifies practices that protect one's vision and hearing.) vision – seeking proper and sufficient light, using safety glasses , protecting eyes from irritation or injury by foreign substances, ct visual contact with sun or bright lights, taking vision tests; - blowing nose gently, using care in diving, keeping foreign objects r, avoiding excessive noise, taking hearing tests.	**GRADE-LEVEL CONCEPT: Vision and hearing disorders are caused by many factors.** OBJECTIVE: Identifies factors that contribute to vision and hearing disorders. CONTENT: (1) heredity; (2) structure; (3) growth changes; (4) infections; (5) accidents. OBJECTIVE: Explains why early detection and early treatment of vision and hearing disorders are important. CONTENT: (1) to avoid complications; (2) to alleviate academic, social, and personal problems.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

Junior High Level

GRADE-LEVEL CONCEPT: Oral neglect may result in oral disorders, which, in turn, may affect other organs and systems.

OBJECTIVE: Identifies oral disorders that may result from neglect.
CONTENT: (1) dental caries; (2) abscesses; (3) periodontitis.

OBJECTIVE: Describes possible systemic effects that may result from oral disorders.
CONTENT: (1) infections in adjacent body parts (mouth and neck); (2) connective tissue damage to heart, kidney, and joints.

GRADE-LEVEL CONCEPT: Personal decisions are important in preventing and treating oral disorders.

OBJECTIVE: Describes personal decisions that are important in preventing or treating oral disorders.
CONTENT: (1) choice of foods; (2) choice and use of toothbrush and dentifrice; (3) utilization of qualified dental personnel.

GRADE-LEVEL CONCEPT: Use of fluorides is an effective way of preventing tooth decay.

OBJECTIVE: Describes the means of providing fluorides.
CONTENT: (1) public water supply; (2) topical application by dentist; (3) prescribed tablets; (4) bottled water.

OBJECTIVE: Compares claims made for and against fluoridation.
CONTENT: (1) claims made in favor of fluoridation: it is an inexpensive process, reduces tooth decay significantly, is safe, reaches all people, reduces cost of dental repair; (2) claims made against fluoridation: it forces people to drink fluoridated water against their will, is dangerous to health, is a type of socialized medicine.

GRADE-LEVEL CONCEPT: Persons of all ages can be afflicted with vision and hearing defects.

OBJECTIVE: Describes common defects of vision and hearing.
CONTENT: (1) vision – refractive errors, muscle imbalance, color deficiency, glaucoma; (2) hearing – conduction defects, nerve damage, brain damage.

GRADE-LEVEL CONCEPT: Most vision and hearing disorders can be treated or corrected.

OBJECTIVE: Lists treatment and corrective procedures for vision and hearing disorders.
CONTENT: (1) vision – corrective lenses, eye exercises, treatment of infections, surgery; (2) hearing – removal of obstructions from outer ear canal, use of hearing aids, treatment of infections, surgery.

Se

GRADE-LEVEL CONCEPT: Oral neglect

OBJECTIVE: Predicts potential effects of
CONTENT: (1) financial cost for repai
ships.

GRADE-LEVEL CONCEPT: Malocclusion can be controlled.

OBJECTIVE: Summarizes research findi
occlusion.
CONTENT: (1) emotional problems;
decay; (5) periodontal disease.

OBJECTIVE: Summarizes research findin
CONTENT: (1) diet; (2) breathing habi

GRADE-LEVEL CONCEPT: Professional

OBJECTIVE: Classifies dental and paraden
CONTENT: (1) general practitioner; (
dontist); (3) dental hygienist; (4) den

GRADE-LEVEL CONCEPT: Professional correction of vision and hearing disorder

OBJECTIVE: Classifies professional perso
hearing disorders.
CONTENT: (1) vision – general m
(2) hearing – general medical practiti

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

ORAL HEALTH, VISION, AND HEARING

nior High Level	*Senior High Level*
ay result in oral disorders, which, in turn, may affect	**GRADE-LEVEL CONCEPT: Oral neglect can have an effect on the family and on society.**
ay result from neglect. s; (3) periodontitis.	OBJECTIVE: Predicts potential effects of oral neglect on the family and on society. CONTENT: (1) financial cost for repair; (2) effect on productivity; (3) effect on interrelationships.
ects that may result from oral disorders. ody parts (mouth and neck); (2) connective tissue	
ions are important in preventing and treating oral	**GRADE-LEVEL CONCEPT: Malocclusion and periodontal disease are major oral disorders that can be controlled.**
that are important in preventing or treating oral	OBJECTIVE: Summarizes research findings on the possible problems associated with malocclusion. CONTENT: (1) emotional problems; (2) nutritional problems; (3) speech defects; (4) tooth decay; (5) periodontal disease.
e and use of toothbrush and dentifrice; (3) utilization	OBJECTIVE: Summarizes research findings on the factors that contribute to periodontal disease. CONTENT: (1) diet; (2) breathing habits; (3) malocclusion; (4) emotional tension.
is an effective way of preventing tooth decay.	**GRADE-LEVEL CONCEPT: Professional personnel are essential for maintaining good oral health.**
ng fluorides. topical application by dentist; (3) prescribed tablets;	OBJECTIVE: Classifies dental and paradental personnel. CONTENT: (1) general practitioner; (2) specialists (such as orthodontist, periodontist, pedodontist); (3) dental hygienist; (4) dental technician.
against fluoridation. oridation: it is an inexpensive process, reduces tooth people, reduces cost of dental repair; (2) claims made to drink fluoridated water against their will, is ed medicine.	
es can be afflicted with vision and hearing defects.	**GRADE-LEVEL CONCEPT: Professional personnel are essential for the detection, treatment, and correction of vision and hearing disorders.**
ision and hearing. muscle imbalance, color deficiency, glaucoma; damage, brain damage.	OBJECTIVE: Classifies professional personnel qualified to detect, treat, or correct vision and hearing disorders. CONTENT: (1) vision – general medical practitioner, ophthalmologist; optometrist; (2) hearing – general medical practitioner, otologist, audiometrist.
hearing disorders can be treated or corrected.	
procedures for vision and hearing disorders. eye exercises, treatment of infections, surgery; om outer ear canal, use of hearing aids, treatment of	

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

6

Nutrition – Overview

As a content area in health science, nutrition is concerned with the nutritional needs of the individual to promote and maintain his health at an optimum level. Consideration is given to the importance of nutrition in the everyday functioning of the individual at different stages during his life. Included are guidelines intended to assist individuals in planning meals that provide required nutrients in recommended amounts and that, at the same time, ensure maintenance of weight at a normal level.

Discussion of food processing and preparation is limited to those aspects which have a direct bearing on health. Aspects of food faddism and quackery are included because of their effects on the nutritional status of individuals.

The major problems of nutrition, upon which the development of this content area has been based, include the following:

- Failure of individuals to understand the relationship of nutrition to general health
- Obesity
- Inadequate food intake
- Improper preparation of food
- Food faddism, special diets, and quack
- Indiscriminate use of vitamin and food

Correlation with Other Subject Areas

Selected content in the area of nutrition c with home economics, biological sciences, education.

Interrelationships Between Nutrition and Other Health Areas in This Framework

Consumer Health: IV – intermediate, jun
Mental-Emotional Health: I – primary; I
Oral Health: I – primary; II – all grade le
Exercise, Rest, and Posture: I – intern high, senior high; III – primary.
Diseases and Disorders: I – intermediat
Community Health Resources: III – i senior high.

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6

Nutrition – Overview

tent area in health science, nutrition is concerned with the eeds of the individual to promote and maintain his health at an el. Consideratio s given to the importance of nutrition in the ctioning of the individual at different stages during his life. guidelines intended to assist individuals in planning meals that red nutrients in recommended amounts and that, at the same maintenance of weight at a normal level.

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of individuals to understand the relationship of nutrition to health

ate food intake

er preparation of food

- Food faddism, special diets, and quackery
- Indiscriminate use of vitamin and food supplements

Correlation with Other Subject Areas

Selected content in the area of nutrition can be correlated most effectively with home economics, biological sciences, physical sciences, and physical education.

Interrelationships Between Nutrition and Other Health Areas in This Framework

Consumer Health: IV – intermediate, junior high.
Mental-Emotional Health: I – primary; II – intermediate.
Oral Health: I – primary; II – all grade levels.
Exercise, Rest, and Posture: I – intermediate, junior high; II – junior high, senior high; III – primary.
Diseases and Disorders: I – intermediate, senior high; II – intermediate.
Community Health Resources: III – intermediate, senior high; IV – senior high.

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NUTRITION

Major Concept	*Primary Level*	*Interm*
I **Nutrition is important in the everyday functioning of an individual.**	**GRADE-LEVEL CONCEPT: Food has a variety of important functions.** OBJECTIVE: Identifies purposes of food. CONTENT: (1) for energy; (2) for growth and repair; (3) for enjoyment.	**GRADE-LEVEL CONCEPT: Good di health problems.** OBJECTIVE: Summarizes personal he dietary practices. CONTENT: (1) skin problems; (2) growth and development; (5) cons
II **Individuals throughout life require the same nutrients but in varying amounts.**	**GRADE-LEVEL CONCEPT: Developing a liking for a variety of foods at each meal helps to ensure that needed nutrients are provided.** OBJECTIVE: Classifies foods into four basic food groups. CONTENT: (1) milk group; (2) meat group; (3) grain and cereal group; (4) fruits and vegetables. **GRADE-LEVEL CONCEPT: Good breakfasts are as important as any other meal in providing required nutrients.** OBJECTIVE: Tells why good breakfasts are important. CONTENT: (1) length of time since evening meal; (2) provides energy for morning activity; (3) contributes to total daily needs. **GRADE-LEVEL CONCEPT: Snacks can contribute to good nutrition.** OBJECTIVE: Identifies nutritious snacks that can supplement regular meals. CONTENT: (1) fruits; (2) vegetables; (3) protein foods.	**GRADE-LEVEL CONCEPT: The "four by the body.** OBJECTIVE: Lists nutrients provided b CONTENT: (1) carbohydrates; (2) f (6) water. OBJECTIVE: Explains the primary co body functioning. CONTENT: (1) carbohydrates and promoting growth and repair; (functions. **GRADE-LEVEL CONCEPT: The digesti** OBJECTIVE: Specifies the function of CONTENT: (1) converts ingested foo for absorption of nutrients from th of body wastes.
III **Food processing and preparation influence the nutritional value and safety of foods.**	**GRADE-LEVEL CONCEPT: Foods come from a variety of sources.** OBJECTIVE: Names sources of foods. CONTENT: (1) plants; (2) animals; (3) synthetic substances. OBJECTIVE: Tells where food is processed. CONTENT: (1) dairy; (2) cannery; (3) bakery; (4) meat packing plant; (5) frozen food processing plant; (6) home.	**GRADE-LEVEL CONCEPT: Food valu processing and preparation.** OBJECTIVE: Indicates how processing values. CONTENT: (1) destroys pathogeni foods – canning, quick freezing, d nutrients – using additives.
IV **Nutrition is a significant factor in weight control.**	**GRADE-LEVEL CONCEPT: Eating practices influence one's weight.** OBJECTIVE: Identifies eating practices that can contribute to overweight or underweight. CONTENT: (1) eating too much or too little; (2) making poor choices of foods.	**GRADE-LEVEL CONCEPT: Energy bal** OBJECTIVE: Indicates factors that in one's weight. CONTENT: (1) caloric values derive activities; (3) calories required for type or build.
V **Dietary fads and misconceptions can be detrimental to health.**		**GRADE-LEVEL CONCEPT: Special fo to meet normal nutritional needs.** OBJECTIVE: Lists reasons why spec required to meet normal nutritional n CONTENT: (1) regular foods conta ments may be harmful; (3) special

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

NUTRITION

Primary Level	*Intermediate Level*
EL CONCEPT: Food has a variety of important functions. Identifies purposes of food. T: (1) for energy; (2) for growth and repair; (3) for enjoyment.	**GRADE-LEVEL CONCEPT: Good dietary practices can help prevent personal health problems.** OBJECTIVE: Summarizes personal health problems that may result from poor dietary practices. CONTENT: (1) skin problems; (2) dental problems; (3) fatigue; (4) impaired growth and development; (5) constipation; (6) overweight and underweight.
EL CONCEPT: Developing a liking for a variety of foods at each meal sure that needed nutrients are provided. Classifies foods into four basic food groups. T: (1) milk group; (2) meat group; (3) grain and cereal group; (4) fruits etables.	**GRADE-LEVEL CONCEPT: The "four food groups" provide all nutrients needed by the body.** OBJECTIVE: Lists nutrients provided by the four basic food groups. CONTENT: (1) carbohydrates; (2) fats; (3) proteins; (4) vitamins; (5) minerals; (6) water.
EL CONCEPT: Good breakfasts are as important as any other meal in equired nutrients. Tells why good breakfasts are important. T: (1) length of time since evening meal; (2) provides energy for activity; (3) contributes to total daily needs.	OBJECTIVE: Explains the primary contributions of different nutrients to normal body functioning. CONTENT: (1) carbohydrates and fats – supplying energy; (2) protein – promoting growth and repair; (3) vitamins and minerals – regulating body functions.
EL CONCEPT: Snacks can contribute to good nutrition. Identifies nutritious snacks that can supplement regular meals. T: (1) fruits; (2) vegetables; (3) protein foods.	**GRADE-LEVEL CONCEPT: The digestive process enables one to utilize food.** OBJECTIVE: Specifies the function of digestion in the utilization of foods. CONTENT: (1) converts ingested food to nutrients the body can use; (2) provides for absorption of nutrients from the digestive tract; (3) provides for elimination of body wastes.
EL CONCEPT: Foods come from a variety of sources. Names sources of foods. T: (1) plants; (2) animals; (3) synthetic substances. Tells where food is processed. T: (1) dairy; (2) cannery; (3) bakery; (4) meat packing plant; (5) frozen cessing plant; (6) home.	**GRADE-LEVEL CONCEPT: Food values are conserved and enhanced by proper processing and preparation.** OBJECTIVE: Indicates how processing and preparation conserve and enhance food values. CONTENT: (1) destroys pathogenic organisms – pasteurization; (2) preserves foods – canning, quick freezing, dry freezing, and dehydrating; (3) restores lost nutrients – using additives.
EL CONCEPT: Eating practices influence one's weight. Identifies eating practices that can contribute to overweight or t. T: (1) eating too much or too little; (2) making poor choices of foods.	**GRADE-LEVEL CONCEPT: Energy balance determines an individual's weight.** OBJECTIVE: Indicates factors that influence energy balance and help to control one's weight. CONTENT: (1) caloric values derived from food; (2) calories expended through activities; (3) calories required for normal body processes; (4) illness; (5) body-type or build.
	GRADE-LEVEL CONCEPT: Special foods or supplements are not usually required to meet normal nutritional needs. OBJECTIVE: Lists reasons why special foods or supplements are not usually required to meet normal nutritional needs. CONTENT: (1) regular foods contain essential nutrients; (2) excess of supplements may be harmful; (3) special foods are more expensive.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

NUTRITION

Junior High Level	*Senior H*
GRADE-LEVEL CONCEPT: Nutritional practices contribute to the development of diseases and disorders. OBJECTIVE: Describes chronic diseases and disorders which may be associated with nutritional practices. CONTENT: (1) obesity; (2) underweight; (3) diabetes; (4) cardiovascular disease; (5) acne; (6) allergies; (7) central nervous system disorders; (8) vitamin deficiency diseases; (9) dental disorders. OBJECTIVE: Identifies common disorders of the digestive system. CONTENT: (1) indigestion; (2) constipation; (3) ulcers; (4) appendicitis; (5) colitis; (6) hemorrhoids. OBJECTIVE: Discusses how nutritional choices and eating habits contribute to diseases and disorders. CONTENT: (1) overeating; (2) eating too many sweets; (3) eating too much fat; (4) omitting necessary nutrients.	**GRADE-LEVEL CONCEPT: Levels of nutriti productivity of the nation.** OBJECTIVE: Summarizes effects of nutritio society. CONTENT: (1) life expectancy; (2) growth (4) the nation's productivity.
GRADE-LEVEL CONCEPT: Lack of sufficient nutrients can lead to nutritional deficiency diseases. OBJECTIVE: Relates specific nutritional deficiencies to the diseases they cause. CONTENT: (1) vitamin D – rickets; (2) vitamin C – scurvy; (3) iron – anemia; (4) protein – kwashiorkor; (5) iodine – goiter; (6) vitamin A – night blindness.	**GRADE-LEVEL CONCEPT: Decisions based future nutritional needs of self, family, and c** OBJECTIVE: Specifies ways of meeting prese community. CONTENT: (1) regulating caloric intake an ing for nutritional needs of a pregnant w those of the elderly; (4) improving food s
GRADE-LEVEL CONCEPT: Control of commercial preparation and commercial processing of foods helps to protect consumers. OBJECTIVE: Specifies federal and state agencies that impose controls on purity and quality of foods. CONTENT: (1) the federal Food and Drug Administration; (2) U.S. Department of Agriculture; (3) California State Department of Public Health. OBJECTIVE: Describes control measures to protect consumers. CONTENT: (1) setting standards; (2) inspections; (3) testing.	**GRADE-LEVEL CONCEPT: Preparation of f nutrition of family members.** OBJECTIVE: Summarizes food-preparation nutrition of family members. CONTENT: (1) avoids overcooking, under (2) serves food attractively; (3) seasons parts of food; (5) stores food properly.
GRADE-LEVEL CONCEPT: Obesity is a social problem as well as an individual problem. OBJECTIVE: Presents examples of how individual weight problems can affect the individual and society. CONTENT: (1) affects self-image; (2) affects relationships with other individuals; (3) contributes to onset of chronic disease; (4) shortens life expectancy.	**GRADE-LEVEL CONCEPT: A variety of fact** OBJECTIVE: Identifies psychosocial and phys CONTENT: (1) psychosocial factors (why cal factors (metabolism, exercise, hereditt
GRADE-LEVEL CONCEPT: Individuals who follow the advice of food quacks and food faddists can endanger their health. OBJECTIVE: Summarizes food fads and misconceptions, particularly the ones listed as follows. CONTENT: (1) those concerning the processing of foods; (2) those about soil depletion; (3) those concerning the values of specific foods; (4) those having to do with organic versus inorganic growing practices. OBJECTIVE: Concludes, by identifying some of the resulting problems, that food faddism and food quackery may threaten optimal health. CONTENT: (1) individuals may fail to obtain a balanced diet; (2) following a quack's advice may delay necessary treatment of specific disorders.	**GRADE-LEVEL CONCEPT: Self-treatment wi** OBJECTIVE: Indicates reasons for avoiding th CONTENT: (1) use of multiple vitamins m D, which accumulate and may cause to to regular food sources entail unnecess nately may not eat balanced diets.

NOTE: OBJECTIVES AND CONTENT ARE

NUTRITION

gh Level

Senior High Level

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es contribute to the development of diseases and

sorders which may be associated with nutritional

3) diabetes; (4) cardiovascular disease; (5) acne; sorders; (8) vitamin deficiency diseases; (9) dental

e digestive system.
; (3) ulcers; (4) appendicitis; (5) colitis; (6) hem-

es and eating habits contribute to diseases and

any sweets; (3) eating too much fat; (4) omitting

GRADE-LEVEL CONCEPT: Levels of nutrition affect people's health, which, in turn, affect the productivity of the nation.

OBJECTIVE: Summarizes effects of nutrition upon the productivity of the individual and of society.

CONTENT: (1) life expectancy; (2) growth and development; (3) endurance required to work; (4) the nation's productivity.

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nt nutrients can lead to nutritional deficiency

ncies to the diseases they cause.
min C – scurvy; (3) iron – anemia; (4) protein –
in A – night blindness.

GRADE-LEVEL CONCEPT: Decisions based on scientific findings can help to meet present and future nutritional needs of self, family, and community.

OBJECTIVE: Specifies ways of meeting present and future nutritional needs of self, family, and community.

CONTENT: (1) regulating caloric intake and activity; (2) choosing balanced meals; (3) providing for nutritional needs of a pregnant woman and her unborn child, those of infants, and those of the elderly; (4) improving food production and food processing.

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rcial preparation and commercial processing of

s that impose controls on purity and quality of

dministration; (2) U.S. Department of Agricul-
lic Health.
ct consumers.
ns; (3) testing.

GRADE-LEVEL CONCEPT: Preparation of foods by the homemaker influences the quality of nutrition of family members.

OBJECTIVE: Summarizes food-preparation practices of the homemaker that influence the nutrition of family members.

CONTENT: (1) avoids overcooking, undercooking, and excessive use of water and heat; (2) serves food attractively; (3) seasons food to improve palatability; (4) uses all nutritive parts of food; (5) stores food properly.

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oblem as well as an individual problem.

l weight problems can affect the individual and

elationships with other individuals; (3) contri-
s life expectancy.

GRADE-LEVEL CONCEPT: A variety of factors contribute to weight-control problems.

OBJECTIVE: Identifies psychosocial and physical factors that contribute to weight control.

CONTENT: (1) psychosocial factors (why people overeat, cultural eating patterns); (2) physical factors (metabolism, exercise, heredity).

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ow the advice of food quacks and food faddists

ptions, particularly the ones listed as follows.
sing of foods; (2) those about soil depletion;
oods; (4) those having to do with organic versus

the resulting problems, that food faddism and

a balanced diet; (2) following a quack's advice
sorders.

GRADE-LEVEL CONCEPT: Self-treatment with vitamins may be both hazardous and costly.

OBJECTIVE: Indicates reasons for avoiding the indiscriminate use of vitamin preparations.

CONTENT: (1) use of multiple vitamins may lead to an overdose of fat-soluble vitamins A and D, which accumulate and may cause toxic conditions; (2) vitamin preparations in addition to regular food sources entail unnecessary cost; (3) persons who use vitamins indiscriminately may not eat balanced diets.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

7

Exercise, Rest, and Posture — Over

An increasing amount of leisure time, mechanization that reduces physical activity in many jobs, and the stress of daily living make it essential for individuals to participate in a balanced program of exercise and relaxation. In this content area, consideration is given to the health benefits of regular physical activity along with adequate rest and sleep. Attention is focused upon the factors that influence the degree of fitness required for different activities and upon the fact that physical activity is beneficial for persons of all ages. Also included is a consideration of posture and its relationship to the effective functioning of the individual.

The major problems of exercise, rest, and posture, upon which the development of this content area has been based, include the following:

- Failure to understand the meaning of physical fitness
- Poor attitudes toward the role of activity in relation to total health
- Lack of well-planned activity programs
- Insufficient sleep, rest, and r
- Poor posture

Correlation with Other Subject Ar

Selected content in the area of most effectively with physical ed home economics, and drama.

Interrelationships Between Exercis and Other Health Areas in this Fra

Mental-Emotional Health: I – junior high.

Nutrition: I – senior high; II –

Diseases and Disorders: I – se

Environmental Health Hazards

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7

Exercise, Rest, and Posture — Overview

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des toward the role of activity in relation to total health

ll-planned activity programs

- Insufficient sleep, rest, and relaxation
- Poor posture

Correlation with Other Subject Areas

Selected content in the area of exercise, rest, and posture can be correlated most effectively with physical education, social sciences, biological sciences, home economics, and drama.

Interrelationships Between Exercise, Rest, and Posture and Other Health Areas in this Framework

Mental-Emotional Health: I – primary; III – intermediate; IV – primary, junior high.

Nutrition: I – senior high; II – primary; IV – junior high, senior high.

Diseases and Disorders: I – senior high; II – primary; III – primary.

Environmental Health Hazards: III – primary, intermediate.

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EXERCISE, REST, AND POSTURE

Major Concept	*Primary Level*	
I **Physical fitness is one important component of total health.**	**GRADE-LEVEL CONCEPT: Play that includes physical activity is healthful as well as fun.** OBJECTIVE: Lists the benefits of play and physical activity. CONTENT: (1) helps one to get along with others; (2) helps one to feel better; (3) helps one to grow in strength and agility; (4) helps one to sleep more soundly.	**GRADE-LEVEL CONCEPT: F** OBJECTIVE: Identifies benefi CONTENT: (1) aids in pe coordination; (3) helps and respiration; (5) impr
II **A balanced program of exercise and rest contributes to fitness.**	**GRADE-LEVEL CONCEPT: Individuals do better in physical activities when they have enough rest and sleep.** OBJECTIVE: Tells how rest and sleep help one to perform physical activity more effectively. CONTENT: (1) permits recovery from fatigue; (2) improves alertness; (3) restores vitality; (4) improves efficiency.	**GRADE-LEVEL CONCEPT:** **rest and sleep, contribute to** OBJECTIVE: Summarizes the physical fitness. CONTENT: (1) running pushing, pulling – streng OBJECTIVE: Discusses the ef CONTENT: (1) energy is accumulate.
III **Posture affects appearance and body function.**	**GRADE-LEVEL CONCEPT: Good posture helps one look and feel better.** OBJECTIVE: Identifies the values of good posture. CONTENT: (1) makes one feel better; (2) makes one look better; (3) helps one carry out daily tasks. OBJECTIVE: Demonstrates good posture in a variety of situations. CONTENT: (1) standing; (2) sitting; (3) walking; (4) lifting; (5) reclining. **GRADE-LEVEL CONCEPT: A variety of poor health practices contribute to postural defects.** OBJECTIVE: Lists practices that contribute to poor posture. CONTENT: (1) improper nutrition; (2) lack of activity; (3) ill-fitting clothing and shoes; (4) poor walking, standing, sitting, and reclining habits.	**GRADE-LEVEL CONCEPT: T** **plays a major role in establis** OBJECTIVE: Describes how t CONTENT: (1) the skelet tissues of the body; movement. **GRADF-LEVEL CONCEPT:** **plished before one complete** OBJECTIVE: Provides reasons period. CONTENT: (1) defects are (2) early correction prev develop a better self-ima

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPL

EXERCISE, REST, AND POSTURE

Primary Level	*Intermediate Level*
EPT: Play that includes physical activity is healthful as well benefits of play and physical activity. s one to get along with others; (2) helps one to feel better; grow in strength and agility; (4) helps one to sleep more	**GRADE-LEVEL CONCEPT: Regular physical activity is beneficial to one's body.** OBJECTIVE: Identifies benefits of physical activity to one's body. CONTENT: (1) aids in personal appearance; (2) helps to develop strength and coordination; (3) helps to maintain weight control; (4) improves circulation and respiration; (5) improves muscle tone; (6) improves appetite
EPT: Individuals do better in physical activities when they sleep. rest and sleep help one to perform physical activity more rmits recovery from fatigue; (2) improves alertness; y; (4) improves efficiency.	**GRADE-LEVEL CONCEPT: A variety of physical activities, along with adequate rest and sleep, contribute to one's fitness.** OBJECTIVE: Summarizes the contributions of a variety of physical activities to physical fitness. CONTENT: (1) running – endurance; (2) tumbling – agility; (3) lifting – pushing, pulling – strength; (4) stretching – flexibility. OBJECTIVE: Discusses the effect of physical activity on the need for rest and sleep. CONTENT: (1) energy is expended; (2) muscles tire; (3) fatigue products accumulate.
PT: Good posture helps one look and feel better. the values of good posture. es one feel better; (2) makes one look better; (3) helps one ks. ates good posture in a variety of situations. ding; (2) sitting; (3) walking; (4) lifting; (5) reclining. **EPT: A variety of poor health practices contribute to** tices that contribute to poor posture. oper nutrition; (2) lack of activity; (3) ill-fitting clothing r walking, standing, sitting, and reclining habits.	**GRADE-LEVEL CONCEPT: The development of the skeletal and muscular systems plays a major role in establishing good posture.** OBJECTIVE: Describes how the skeletal and muscular systems affect one's posture. CONTENT: (1) the skeleton provides the framework for supporting the soft tissues of the body; (2) the muscles provide strength for support and movement. **GRADE-LEVEL CONCEPT: Correction of postural defects can best be accomplished before one completes his growth.** OBJECTIVE: Provides reasons for correcting postural defects during the growth period. CONTENT: (1) defects are more difficult to correct when growth is completed; (2) early correction prevents complications; (3) early correction helps a person develop a better self-image.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

Junior High Level

GRADE-LEVEL CONCEPT: Regular physical activity can help reduce the risk of chronic disorders.

OBJECTIVE: Describes ways in which physical activity helps to delay or prevent chronic disorders.

CONTENT: (1) improved circulation and increased heart strength – against cardiovascular diseases; (2) increased vital capacity – against respiratory diseases; (3) weight control – against obesity.

GRADE-LEVEL CONCEPT: Different degrees of fitness are needed for various activities.

OBJECTIVE: Compares caloric demands for different types of activity.

CONTENT: (1) running – 3.7 cal./lb./hour; (2) ping pong – 2.5 cal./lb./hour; (3) walking – 1.1 cal./lb./hour.

OBJECTIVE: Discusses factors that influence the degree of fitness required for different types of activities.

CONTENT: (1) amount of physical contact called for; (2) energy demanded; (3) endurance required; (4) agility and coordination needed.

GRADE-LEVEL CONCEPT: Fatigue is influenced by physical, emotional, and environmental conditions.

OBJECTIVE: Summarizes factors that contribute to fatigue.

CONTENT: (1) physical activity; (2) tension; (3) noise; (4) heat, humidity; (5) disease; (6) inadequate rest and relaxation.

OBJECTIVE: Discusses means of preventing and treating fatigue.

CONTENT: (1) adequate rest periods; (2) adequate caloric intake; (3) change of activity; (4) length of work periods; (5) level of enjoyment of activity; (6) prevention, early detection, and care of disease; (7) control of the environment – noise, heat, humidity.

GRADE-LEVEL CONCEPT: Good body posture contributes to effective functioning.

OBJECTIVE: Describes how good posture contributes to effective functioning.

CONTENT: (1) increases efficiency of movement; (2) lessens fatigue; (3) improves circulation and respiration; (4) assists the functioning of internal organs; (5) decreases the danger of later chronic disorders; (6) affects mental outlook and vice versa.

GRADE-LEVEL CONCEPT:

OBJECTIVE: Describes ways

CONTENT: (1) helps one
physical outlets); (3) us

GRADE-LEVEL CONCEPT:

OBJECTIVE: Plans a personal

CONTENT: (1) recreation
periods – frequency; (
caloric requirements.

OBJECTIVE: Demonstrates c

CONTENT: (1) swimming;

OBJECTIVE: Summarizes dan

CONTENT: (1) possible st
muscles, bones, and jo
activity.

GRADE-LEVEL CONCEPT:

OBJECTIVE: Describes comm

CONTENT: (1) kyphosis –
protruding abdomen; (4
flatfeet.

OBJECTIVE: Discusses proced

CONTENT: (1) corrective e

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPL

EXERCISE, REST, AND POSTURE

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ributes to effective functioning.
ement; (2) lessens fatigue; (3) improves circulation ng of internal organs; (5) decreases the danger of outlook and vice versa.

Senior High Level

GRADE-LEVEL CONCEPT: Physical fitness contributes to mental health.

OBJECTIVE: Describes ways in which physical fitness contributes to mental health.
CONTENT: (1) helps one to relax; (2) helps to relieve tension (through diversified activity; physical outlets); (3) used as therapy for mentally ill; (4) promotes a good self-image.

GRADE-LEVEL CONCEPT: A balanced program of physical exercise is beneficial at all age levels.

OBJECTIVE: Plans a personal program to meet individual needs for fitness.
CONTENT: (1) recreational activity – amount and type; (2) sleep – amount; (3) rest periods – frequency; (4) work – time and effort required; (5) nutrition – nutrient and caloric requirements.

OBJECTIVE: Demonstrates competencies in at least one carry-over activity.
CONTENT: (1) swimming; (2) tennis; (3) golf; (4) bowling; (5) badminton.

OBJECTIVE: Summarizes dangers of sporadic participation in strenuous activities.
CONTENT: (1) possible strain on circulatory and respiratory systems; (2) possible injury to muscles, bones, and joints; (3) poor performance, causing loss of interest in physical activity.

GRADE-LEVEL CONCEPT: There are corrective procedures for a variety of postural defects.

OBJECTIVE: Describes common postural defects.
CONTENT: (1) kyphosis – rounded upper back; (2) lordosis – swayback; (3) ptosis – protruding abdomen; (4) scoliosis – lateral curvature of the spine; (5) pronated ankles – flatfeet.

OBJECTIVE: Discusses procedures for correcting defects in posture.
CONTENT: (1) corrective exercises; (2) supporting devices; (3) surgery.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

8

Diseases and Disorders — Overvi

Chronic diseases are the leading causes of mortality in the developed countries of the world. Even though most communicable disease rates have been decreasing, infectious diseases continue to be a serious threat to mankind. In this content area, consideration is given both to communicable diseases and to chronic diseases and disorders. Major emphasis is placed upon the effect of heredity and environment on the occurrence and distribution of diseases and disorders; personal and economic effect of diseases and disorders on the individual and society; and the extent to which diseases and disorders can be prevented and controlled.

The major problems of diseases and disorders, upon which the development of this content area has been based, include the following:

- Gradual shift in major health problems in the United States from communicable diseases to chronic diseases
- Insufficient understanding of the nature of communicable and chronic diseases and the problems they may cause
- Failure to control factors that are known to be or suspected of being contributing causes of communicable and chronic disease
- Lack of understanding, as well as lack of acceptance, of handicapping conditions in oneself and in others
- Problems of the aging members of our population
- Failure to utilize most effi tion of the chronically ill

Correlation with Other Subject A

Selected content in the area most effectively with biological and physical education.

Interrelationships Between Disea and Other Health Areas in This F

Consumer Health: I – interm high; IV – junior high.

Mental-Emotional Health: II

Drug Use and Misuse: I – all

Family Health: I – intermedi

Oral Health: I – junior high;

Vision and Hearing: IV – jun

Nutrition: I – junior high; junior high.

Exercise, Rest, and Posture: high.

Environmental Health Hazards

Community Health Resources

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iseases and Disorders — Overview

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include the following:

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iseases

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known to be or suspected of being
e and chronic disease

ack of acceptance, of handicapping

ur population

- Failure to utilize most effectively the resources available for rehabilitation of the chronically ill

Correlation with Other Subject Areas

Selected content in the area of diseases and disorders can be correlated most effectively with biological sciences, social sciences, home economics, and physical education.

Interrelationships Between Diseases and Disorders and Other Health Areas in This Framework

Consumer Health: I – intermediate; II – primary, junior high; III – senior high; IV – junior high.
Mental-Emotional Health: III – senior high; V – junior high, senior high.
Drug Use and Misuse: I – all grade levels; III – junior high, senior high.
Family Health: I – intermediate; IV – senior high.
Oral Health: I – junior high; II and III – senior high.
Vision and Hearing: IV – junior high.
Nutrition: I – junior high; II – junior high; III – intermediate; IV – junior high.
Exercise, Rest, and Posture: I – junior high; II – junior high; III – junior high.
Environmental Health Hazards: II – junior high; IV – primary.
Community Health Resources: I – junior high; III – senior high.

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DISEASES AND DISORDERS

Major Concept	*Primary Level*	
I **The occurrence and distribution of diseases and disorders are affected by man's heredity and environment.**	**GRADE-LEVEL CONCEPT: Children are susceptible to a variety of diseases and disorders.** OBJECTIVE: Describes common childhood diseases and disorders. CONTENT: (1) communicable diseases; (2) vision and hearing disorders; (3) orthopedic problems. OBJECTIVE: Identifies factors contributing to diseases and disorders. CONTENT: (1) lack of sanitation; (2) individual susceptibility; (3) heredity; (4) exposure; (5) poor nutrition.	**GRADE-LEVEL CONCE** **diseases and disorder** OBJECTIVE: Interpret CONTENT: (1) prev (2) changing emp (3) increase of me **GRADE-LEVEL CONC** OBJECTIVE: Identifie disease. CONTENT: (1) natu (3) how they cause OBJECTIVE: Traces th CONTENT: (1) sour **GRADE-LEVEL CONCE** OBJECTIVE: Summariz CONTENT: (1) here mental factors (co of individual (phys
II **Diseases and disorders have both a personal and an economic effect upon individuals and society.**	**GRADE-LEVEL CONCEPT: Diseases and disorders influence the way one feels and acts.** OBJECTIVE: Lists ways in which diseases influence one's feelings and actions. CONTENT: (1) getting along with others; (2) missing school; (3) restricting play activities; (4) leading to additional and future health problems; (5) disrupting family routine. **GRADE-LEVEL CONCEPT: Children can help handicapped individuals to feel accepted.** OBJECTIVE: Tells how a child can help another child who is handicapped to feel accepted. CONTENT: (1) being friendly; (2) inviting him to play; (3) avoiding making fun of anyone who is handicapped.	**GRADE-LEVEL CONC** **long-range effects on i** OBJECTIVE: Identifies CONTENT: (1) imm academically and parent and as work **GRADE-LEVEL CONCE** OBJECTIVE: Reports h CONTENT: (1) effe the productivity Canal region, mal result of chronic di
III **There is variation in the extent to which diseases and disorders can be prevented and controlled.**	**GRADE-LEVEL CONCEPT: Children can take personal action to prevent or control diseases and disorders.** OBJECTIVE: Describes how one prevents or controls diseases and disorders through individual actions. CONTENT: (1) maintaining personal cleanliness; (2) keeping the environment clean; (3) staying home when ill; (4) receiving protective immunization; (5) following the advice of parents and doctors; (6) following the health practices of proper nutrition, exercise, and rest; (7) wearing corrective devices when needed.	**GRADE-LEVEL CONCE** **combination of medic** OBJECTIVE: Discusses from diseases and diso CONTENT: (1) imm (4) radiation; (5) su OBJECTIVE: Identifies medical advances that CONTENT: (1) repor ing risk factors.

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NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY

ary Level	*Intermediate Level*
susceptible to a variety of diseases and l diseases and disorders. s; (2) vision and hearing disorders; g to diseases and disorders. 2) individual susceptibility; (3) heredity;	**GRADE-LEVEL CONCEPT: Through the years man has been faced with a variety of diseases and disorders.** OBJECTIVE: Interprets how diseases affecting man have changed over the years. CONTENT: (1) prevalence of various diseases and disorders over the years; (2) changing emphasis from communicable disease to chronic disease; (3) increase of mental and emotional disorders. **GRADE-LEVEL CONCEPT: Communicable diseases are caused by microorganisms.** OBJECTIVE: Identifies the role of miroorganisms as the cause of communicable disease. CONTENT: (1) nature of microorganisms; (2) factors influencing their growth; (3) how they cause disease. OBJECTIVE: Traces the process of infectious disease. CONTENT: (1) source; (2) transmission; (3) susceptible host. **GRADE-LEVEL CONCEPT: Many factors contribute to chronic disorders.** OBJECTIVE: Summarizes factors contributing to chronic disorders. CONTENT: (1) hereditary factors and predisposition to disease; (2) environmental factors (contamination of environment, overexposure); (3) health status of individual (physical and mental); (4) communicable disease; (5) accidents.
disorders influence the way one feels and nfluence one's feelings and actions. rs; (2) missing school; (3) restricting play nd future health problems; (5) disrupting n help handicapped individuals to feel another child who is handicapped to feel ing him to play; (3) avoiding making fun	**GRADE-LEVEL CONCEPT: Diseases and disorders can have immediate and long-range effects on individuals.** OBJECTIVE: Identifies immediate and long-range effects of diseases and disorders. CONTENT: (1) immediate (effects on body system and ability to perform academically and physically); (2) long-range (longevity and productivity as parent and as worker). **GRADE-LEVEL CONCEPT: The course of history has been changed by disease.** OBJECTIVE: Reports how diseases have influenced history. CONTENT: (1) effects of epidemics (outcomes of wars, of population growth, of the productivity of people); (2) delay of progress (yellow fever in Panama Canal region, malaria in tropical countries, premature deaths of leaders as a result of chronic disease).
take personal action to prevent or control or controls diseases and disorders through leanliness; (2) keeping the environment (4) receiving protective immunization; and doctors; (6) following the health e, and rest; (7) wearing corrective devices	**GRADE-LEVEL CONCEPT: The control of diseases and disorders depends upon a combination of medical advances and individual action.** OBJECTIVE: Discusses contributions that have been made to protect individuals from diseases and disorders. CONTENT: (1) immunizations; (2) modern sanitation; (3) chemotherapy; (4) radiation; (5) surgery; (6) prosthetics. OBJECTIVE: Identifies actions which should be taken by an individual to support medical advances that help protect people from diseases and disorders. CONTENT: (1) reporting illness; (2) improving health practices; (3) understanding risk factors.

ECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

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Junior High Level

GRADE-LEVEL CONCEPT: Even though most communicable disease rates have been decreasing, infectious diseases are still serious threats.

OBJECTIVE: Portrays graphically changes in the incidence of selected communicable diseases.
CONTENT: (1) measles; (2) poliomyelitis; (3) diphtheria; (4) smallpox; (5) venereal disease.

OBJECTIVE: Describes the causes and effects of certain major communicable diseases that are still threats to mankind.
CONTENT: (1) bacterial (venereal disease, tuberculosis, streptococcus infection; (2) viral (influenza, hepatitis, colds); (3) fungi (athlete's foot, ringworm); (4) protozoa (dysenteries, malaria); (5) parasitic (worm infestations).

OBJECTIVE: States reasons why communicable diseases are still threats to man.
CONTENT: (1) increased international travel; (2) increased population; (3) disregard for sanitary procedures; (4) failure to be immunized.

GRADE-LEVEL CONCEPT: Chronic disorders are increasing as threats to man.

OBJECTIVE: Identifies the major chronic disorders and their incidence among various age groups.
CONTENT: (1) cardiac and circulatory diseases; (2) cancer; (3) diabetes; (4) mental illness; (5) allergies; (6) orthopedic defects; (7) vision and hearing impairment; (8) neurological disorders; (9) dental disorders.

GRADE-LEVEL CONCEPT: Communicable diseases affect both the individual and society.

OBJECTIVE: Summarizes effects of venereal diseases on the individual and on the community.
CONTENT: (1) interpersonal relations; (2) family relationships; (3) cost of diagnosis and treatment; (4) loss of man-hours from work; (5) possibility of chronic disease.

OBJECTIVE: Identifies prevalent communicable diseases that affect the individual and society.
CONTENT: (1) tuberculosis; (2) common cold; (3) influenza; (4) skin diseases; (5) infectious hepatitis; (6) mononucleosis; (7) venereal diseases.

GRADE-LEVEL CONCEPT: Chronic disorders affect individuals of all age groups.

OBJECTIVE: Describes chronic disorders that affect the school-age child.
CONTENT: (1) allergies; (2) congenital disorders; (3) skin disorders (acne); (4) epilepsy; (5) emotional disorders; (6) dental caries.

GRADE-LEVEL CONCEPT: Individuals can adjust to handicaps and contribute to society.

OBJECTIVE: Cites examples of individuals who contribute to society despite their handicaps.
CONTENT: (1) Helen Keller – blind, deaf, dumb; (2) Beethoven – deaf; (3) Franklin D. Roosevelt – crippled by poliomyelitis.

GRADE-LEVEL CONCEPT: Many diseases and disorders that are primary threats to youth can be effectively prevented and controlled.

OBJECTIVE: Illustrates how specific diseases and disorders can be effectively prevented and controlled.
CONTENT: (1) diagnosis; (2) case finding; (3) early detection; (4) prompt medical treatment; (5) sanitation and environmental controls; (6) immunizations.

OBJECTIVE: Discusses the importance of early diagnosis and treatment.
CONTENT: (1) remove the abnormal tissue before it spreads; (2) destroy microorganisms; (3) restore normal function of vital organs; (4) restore chemical balance in the body, (e.g., insulin).

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

GRADE-LEVEL CONCE
OBJECTIVE: Analyzes
among various age gro
CONTENT: (1) hear
OBJECTIVE: Describes
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CONTENT: (1) impr
(5) aging.

GRADE-LEVEL CONCE
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disorder may have a u
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CONTENT: (1) malari
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OBJECTIVE: Describes
diseases and disorders.
CONTENT: (1) suppo
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GRADE-LEVEL CONCE
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OBJECTIVE: Illustrates
disorders.
CONTENT: (1) discov
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(3) educating the pu

GRADE-LEVEL CONCE
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OBJECTIVE: Discusses in
world.
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DISEASES AND DISORDERS

Senior High Level

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etes; (4) mental illness;
rment; (8) neurological

GRADE-LEVEL CONCEPT: Chronic disorders occur in and are a problem to all age groups.

OBJECTIVE: Analyzes from graphic data the changes in incidence of major chronic disorders among various age groups.
CONTENT: (1) heart disease; (2) cancer; (3) diabetes; (4) rheumatic disease.

OBJECTIVE: Describes the causes of chronic disorders that are the greatest threats to health among various age groups.
CONTENT: (1) improper eating; (2) smoking; (3) lack of exercise; (4) environmental hazards; (5) aging.

GRADE-LEVEL CONCEPT: Communicable diseases vary widely in their occurrence in nations of the world.

OBJECTIVE: Interprets reasons for differences in morbidity and mortality with respect to selected communicable diseases in developed and developing countries.
CONTENT: (1) concentration of population; (2) availability of health services; (3) use of health services; (4) application of sanitary techniques.

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deaf; (3) Franklin D.

GRADE-LEVEL CONCEPT: Although chronic disorders have similar general effects, each chronic disorder may have a unique effect upon the individual and upon society.

OBJECTIVE: Describes general effects of chronic disorders upon the family and upon society.
CONTENT: (1) economy; (2) the elderly in our society; (3) productivity and life expectancy; (4) family functioning.

OBJECTIVE: Compares and contrasts the unique effects of selected chronic disorders.
CONTENT: (1) disorders of the heart and the circulatory system; (2) disorders of the respiratory system; (3) malignancies; (4) diabetes; (5) arthritis.

GRADE-LEVEL CONCEPT: Communicable diseases affect individuals in all segments of society and in all parts of the world.

OBJECTIVE: Cites communicable diseases prevalent in different parts of the world.
CONTENT: (1) malaria; (2) water-borne diseases (cholera and dysentery); (3) tuberculosis; (4) smallpox.

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GRADE-LEVEL CONCEPT: Individuals have a responsibility to assist in community efforts for the control and prevention of diseases and disorders.

OBJECTIVE: Describes the individual's role in community efforts that control and prevent diseases and disorders.
CONTENT: (1) supports immunization projects; (2) supports fluoridation programs for community water supplies; (3) supports insect control programs; (4) cooperates in antipollution programs.

GRADE-LEVEL CONCEPT: Research and education play a major role in the prevention and control of chronic disorders.

OBJECTIVE: Illustrates ways in which research and education prevent and control diseases and disorders.
CONTENT: (1) discovering immunizing agents and educating the public to use them; (2) developing and using synthetic body parts (e.g., heart valves and blood vessels); (3) educating the public on danger signs of diseases and disorders.

GRADE-LEVEL CONCEPT: The extent of diseases and disorders throughout the world necessitates international control measures.

OBJECTIVE: Discusses international measures that have helped to control diseases throughout the world.
CONTENT: (1) education; (2) early detection; (3) reporting; (4) quarantine; (5) immunization; (6) travel restrictions.

9

Environmental Health Hazards — G

The content area of environmental health hazards is concerned with problems in man's environment that pose threats to his health. Accidents, air pollution, water pollution, soil pollution, noise, pesticides, radiation, and food additives are among the common hazards which have been included in this area. Means of solving these environmental health problems are suggested. In addition, consideration is given to the aesthetic characteristics of man's environment.

The major problems of environmental health hazards, upon which the development of this content area has been based, include the following:

- The growing number of environmental health hazards in our society
- Failure to appreciate the aesthetic characteristics of a healthful environment
- Increasing incidence of injury and death due to accidents
- Lack of concern on the part of the public regarding environmental health, safety, and first aid

Correlation with Other Subje

Selected content in the correlated most effectively sciences, and physical educa

Interrelationships Between E and Other Health Areas in Th

Consumer Health: III – s
Mental-Emotional Health
Drug Use and Misuse: II
Oral Health: II and III –
Vision and Hearing: IV –
Nutrition: III – junior hi
Exercise, Rest, and Postur
Diseases and Disorders:
senior high.

Community Health Resou
ate; III – junior high, senior h

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9

nvironmental Health Hazards — Overview

onmental health hazards is concerned with
t that pose threats to his health. Accidents, air
l pollution, noise, pesticides, radiation, and
common hazards which have been included in
environmental health problems are suggested.
iven to the aesthetic characteristics of man's

vironmental health hazards, upon which the
a has been based, include the following:

nvironmental health hazards in our society

the aesthetic characteristics of a healthful

jury and death due to accidents

e part of the public regarding environmental
id

Correlation with Other Subject Areas

Selected content in the area of environmental health hazards can be correlated most effectively with physical sciences, biological sciences, social sciences, and physical education.

Interrelationships Between Environmental Health Hazards and Other Health Areas in This Framework

Consumer Health: III – senior high.
Mental-Emotional Health: I – intermediate, junior high.
Drug Use and Misuse: II – senior high; III – senior high.
Oral Health: II and III – intermediate, junior high.
Vision and Hearing: IV – primary.
Nutrition: III – junior high; V – junior high.
Exercise, Rest, and Posture: II – junior high.
Diseases and Disorders: I – all grade levels; III – primary, junior high, senior high.
Community Health Resources: I – intermediate; II – primary, intermediate; III – junior high, senior high.

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ENVIRONMENTAL HEALTH HAZARDS

Major Concept	*Primary Level*	
I **An individual's environment, including aesthetic characteristics, influences his total health.**	**GRADE-LEVEL CONCEPT: One's surroundings affect his total health.** OBJECTIVE: Discusses factors in one's surroundings that influence human health. CONTENT: (1) cleanliness; (2) orderliness; (3) attractiveness; (4) climate.	**GRADE-LEVEL CONC** **enjoyed.** OBJECTIVE: Describes CONTENT: (1) prov develop pride in t OBJECTIVE: Discusses feels. CONTENT: (1) the (2) contentment w
II **There are ever-changing health hazards in man's environment.**		**GRADE-LEVEL CONC** **environment.** OBJECTIVE: Summariz inventions. CONTENT: (1) air p burgeoning techn nuclear advances;
III **The potential for accidents exists everywhere in man's environment.**	**GRADE-LEVEL CONCEPT: Hazards may be reduced but not always completely eliminated.** OBJECTIVE: Identifies potential hazards in the environment and lists possible ways of reducing these hazards. CONTENT: (1) at home; (2) at school; (3) going to and from school; (4) at play; (5) in handling animals; (6) in using tools and appliances.	**GRADE-LEVEL CONC** **safe or unsafe.** OBJECTIVE: Explains CONTENT: (1) pede safety; (5) recreati ming.
IV **Individuals should be prepared to act effectively in case of accidents.**	**GRADE-LEVEL CONCEPT: All injuries should be cared for immediately.** OBJECTIVE: Explains why immediate care of injuries is important. CONTENT: (1) prevents infection; (2) prevents further injury; (3) saves lives. OBJECTIVE: Tells about the care that should be provided for simple injuries. CONTENT: (1) washing minor wounds; (2) applying band-aids to protect minor wounds; (3) giving support to injured joints. OBJECTIVE: Indicates those persons who should provide care for the injured. CONTENT: (1) physicians; (2) nurses; (3) qualified first-aid personnel.	**GRADE-LEVEL CONC** **quickly and correctly** OBJECTIVE: Traces seq CONTENT: (1) admi comfortable; (3) ca
V **Maintaining a healthful and safe environment is the responsibility of the individual, the family, and society.**	**GRADE-LEVEL CONCEPT: Children, as well as adults, have responsibilities for maintaining a healthful and safe environment.** OBJECTIVE: Describes an individual's responsibility for maintaining a healthful and safe environment. CONTENT: (1) keeping the premises clean and free from litter; (2) keeping belongings out of the way to prevent injuries; (3) refraining from playing with matches, medicines, and poisons; (4) reporting unsafe conditions at home and at school.	**GRADE-LEVEL CONC** **enjoyment of the envi** OBJECTIVE: Presents e and enjoyable. CONTENT: (1) keepi (3) protecting natu

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONL

ENVIRONMENTAL HEALTH HAZARDS

imary Level	*Intermediate Level*
undings affect his total health. surroundings that influence human health. iness; (3) attractiveness; (4) climate.	**GRADE-LEVEL CONCEPT: A clean and safe environment is healthful and can be enjoyed.** OBJECTIVE: Describes the value of a clean and healthful environment. CONTENT: (1) provides clean air and water; (2) prevents accidents; (3) helps to develop pride in the environment. OBJECTIVE: Discusses the relationship between the environment and how one feels. CONTENT: (1) the peacefulness that is characteristic of a natural setting; (2) contentment with a well-kept home and neighborhood.
	GRADE-LEVEL CONCEPT: New discoveries and inventions create hazards in man's environment. OBJECTIVE: Summarizes hazards that are the results of new discoveries and inventions. CONTENT: (1) air pollution and the automobile; (2) water and soil pollution and burgeoning technology; (3) noise and industry; (4) ionizing radiation and nuclear advances; (5) contamination and space exploration.
nay be reduced but not always completely is in the environment and lists possible ways ol; (3) going to and from school; (4) at play; g tools and appliances.	**GRADE-LEVEL CONCEPT: Environmental conditions in the community can be safe or unsafe.** OBJECTIVE: Explains practices that reduce the potential for accidents. CONTENT: (1) pedestrian safety; (2) bicycle safety; (3) fire safety; (4) home safety; (5) recreational safety, such as camping, hunting, boating, and swimming.
s should be cared for immediately. care of injuries is important. 2) prevents further injury; (3) saves lives. should be provided for simple injuries. nds; (2) applying band-aids to protect minor ed joints. ho should provide care for the injured. s; (3) qualified first-aid personnel.	**GRADE-LEVEL CONCEPT: Understanding first-aid procedures helps one to act quickly and correctly in emergencies.** OBJECTIVE: Traces sequence of steps in providing first aid for the injured. CONTENT: (1) administer urgently needed first aid; (2) keep injured persons comfortable; (3) call or send for help.
as well as adults, have responsibilities for onment. responsibility for maintaining a healthful and es clean and free from litter; (2) keeping vent injuries; (3) refraining from playing with (4) reporting unsafe conditions at home and	**GRADE-LEVEL CONCEPT: Healthful and safe recreational areas enhance the enjoyment of the environment.** OBJECTIVE: Presents examples that show how recreation areas can be made safe and enjoyable. CONTENT: (1) keeping lakes and streams pure; (2) preventing forest fires; (3) protecting natural resources; (4) maintaining campsites.

OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

Junior High Level

GRADE-LEVEL CONCEPT: Conservation of the nation's resources protects the total health of its citizens.

OBJECTIVE: Identifies resources which should be conserved to protect health.
CONTENT: (1) recreational areas; (2) sources of food and water; (3) air.

GRADE-LEVEL CONCEPT: A c well-being.

OBJECTIVE: Identifies aesthetic c
CONTENT: (1) beautiful scene surroundings; (4) attractive ar

OBJECTIVE: Discusses ways in emotional well-being.
CONTENT: (1) family happines

GRADE-LEVEL CONCEPT: Man's environment can detract from his health.

OBJECTIVE: Summarizes selected hazards that detract from a healthy environment.
CONTENT: (1) polluted air, water, and soil; (2) excessive noise; (3) pesticides; (4) misuse of antibiotics; (5) other chemicals and radiation.

OBJECTIVE: Reports on the physiological effects of environmental health hazards.
CONTENT: (1) cardiovascular; (2) respiratory; (3) intestinal; (4) neurological; (5) genetic.

GRADE-LEVEL CONCEPT: Man's

OBJECTIVE: Summarizes how ma
CONTENT: (1) population grov exploration; (5) space travel; (

GRADE-LEVEL CONCEPT: Accidents are caused – they don't just happen.

OBJECTIVE: Lists those accidents most likely to occur to the junior high school student and how they can be prevented.
CONTENT: (1) while riding bikes or motorbikes; (2) while using shop equipment; (3) while participating in recreational activities.

OBJECTIVE: Interprets the interrelationships of factors that cause accidents.
CONTENT: (1) human behavior; (2) equipment; (3) physical environment.

GRADE-LEVEL CONCEPT: Emot

OBJECTIVE: Interprets the relat accidents.
CONTENT: (1) risk-taking beha (4) drinking and driving; (5) d

GRADE-LEVEL CONCEPT: Accid

OBJECTIVE: Identifies hazards an
CONTENT: (1) construction an eye injuries.

GRADE-LEVEL CONCEPT: Prompt care that is given in emergencies can save lives and prevent further injury.

OBJECTIVE: Demonstrates the basic skills of emergency first-aid care.
CONTENT: (1) controlling bleeding; (2) restoring breathing; (3) administering first aid in the case of poisoning.

OBJECTIVE: Discusses methods of avoiding further injury.
CONTENT: (1) securing proper transportation; (2) obtaining competent medical care.

GRADE-LEVEL CONCEPT: Appl when major disasters occur.

OBJECTIVE: Explains appropriate
CONTENT: (1) protective meas emergency care, including tha

OBJECTIVE: Compares and contra
CONTENT: (1) control of blee setting a fracture; (3) keeping

GRADE-LEVEL CONCEPT: Community control activities protect the health and safety of individuals.

OBJECTIVE: Describes the responsibilities of the individual and those of governmental agencies regarding their roles in health and safety.
CONTENT: (1) control of air, water, and soil pollution; (2) reduction of noise; (3) control of the use of pesticides and other chemicals; (4) fluoridation of water supplies.

GRADE-LEVEL CONCEPT: Safety procedures are valuable only if they are used.

OBJECTIVE: Explains the responsible use of safety equipment and the sound application of safety procedures.
CONTENT: (1) motor vehicle (using seat belts and auto accessories; observing traffic laws); (2) industry (using safety goggles, protective devices, safety guards; following safety regulations); (3) recreation (knowing correct firearm usage); (4) home (using power equipment, storing inflammable materials and poisons, handling garden supplies).

GRADE-LEVEL CONCEPT: Estab sideration of all factors involving

OBJECTIVE: Explains the interrela environment.
CONTENT: (1) total communit problem at the expense of an (3) wise use of pesticides so contaminants from one sourc result; (5) the value of indu (6) values of antibiotics versus

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ON

ENVIRONMENTAL HEALTH HAZARDS

Senior High Level

protects the total health of its

ect health.
(3) air.

GRADE-LEVEL CONCEPT: A clean and attractive environment contributes to emotional well-being.

OBJECTIVE: Identifies aesthetic characteristics of the environment.
CONTENT: (1) beautiful scenery; (2) clean and orderly community; (3) serene and quiet surroundings; (4) attractive and functional architecture.

OBJECTIVE: Discusses ways in which aesthetic characteristics of the environment influence emotional well-being.
CONTENT: (1) family happiness; (2) enjoyment of leisure time; (3) pride in community.

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s health.
ny environment.
; (3) pesticides; (4) misuse of

health hazards.
neurological; (5) genetic.

GRADE-LEVEL CONCEPT: Man's expanding environment is adding new hazards to his health.

OBJECTIVE: Summarizes how man's changing environment creates new health hazards.
CONTENT: (1) population growth; (2) substandard housing; (3) new technology; (4) undersea exploration; (5) space travel; (6) radiation.

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happen.
high school student and how

g shop equipment; (3) while

ccidents.
ronment.

GRADE-LEVEL CONCEPT: Emotional factors contribute to the occurrence of accidents.

OBJECTIVE: Interprets the relationship between emotional factors and the occurrence of accidents.
CONTENT: (1) risk-taking behavior; (2) loss of concentration; (3) failure to accept limitations; (4) drinking and driving; (5) drug use and driving.

GRADE-LEVEL CONCEPT: Accidents occur in all occupational fields.

OBJECTIVE: Identifies hazards and accidents associated with various occupational fields.
CONTENT: (1) construction and falls from heights; (2) mining and cave-ins; (3) welding and eye injuries.

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ies can save lives and prevent

e.
administering first aid in the

petent medical care.

GRADE-LEVEL CONCEPT: Applying emergency procedures increases the chances for survival when major disasters occur.

OBJECTIVE: Explains appropriate emergency procedures for accident and disaster situations.
CONTENT: (1) protective measures; (2) healthful living in disaster situations; (3) immediate emergency care, including that for childbirth; (4) care of the sick and injured.

OBJECTIVE: Compares and contrasts the legal differences between first aid and treatment.
CONTENT: (1) control of bleeding versus suturing a wound; (2) immobilizing a limb versus setting a fracture; (3) keeping victim in appropriate position versus use of drugs for shock.

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t the health and safety of

ose of governmental agencies

ction of noise; (3) control of
ter supplies.

hey are used.
nd the sound application of

ories; observing traffic laws);
ty guards; following safety
e); (4) home (using power
garden supplies).

GRADE-LEVEL CONCEPT: Establishing effective environmental controls necessitates the consideration of all factors involving man's environment.

OBJECTIVE: Explains the interrelationship of factors that must be controlled in improving man's environment.
CONTENT: (1) total community planning; (2) refraining from the solution of one health problem at the expense of another (a new hospital that takes up needed recreational area); (3) wise use of pesticides so that they do not upset the balance of nature; (4) removal of contaminants from one source in such a way that contamination in other sources does not result; (5) the value of industry versus the contamination produced by that industry; (6) values of antibiotics versus the dangers of their misuse.

JECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

10

Community Health Resources —

A variety of community health resources are available in our society. It is important that individuals know what these community resources are and how to use them. This content area encompasses the benefits of such resources to the individual and society; responsibilities that should be shared by individuals and communities in providing health resources; the solving of international health problems through cooperative efforts; and health science personnel that are needed to help solve community health problems. Consideration is given to factors that influence the effective utilization of available health resources.

The major problems of community health resources, upon which the development of this content area has been based, include the following:

- Lack of understanding of community health resources, the extent to which they are available, and how to utilize them most effectively
- Failure to understand and accept individual responsibility for community health
- Inadequate community efforts to meet specific health needs
- Inadequate coordination of community agencies and organizations
- Failure to support an international approach to community health

Correlation with Other Su

Selected content in t
correlated most effective
business and economics.

**Interrelationships Between
and Other Health Areas in**

Consumer Health: I –
III – senior high.

Mental-Emotional Healt

Family Health: V – sen

Oral Health: II and III

Vision and Hearing: IV

Nutrition: III – primary

Diseases and Disorders:

Environmental Health H

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nunity Health Resources — Overview

ces are available in our society. It is
hese community resources are and
encompasses the benefits of such
sponsibilities that should be shared
ing health resources; the solving of
operative efforts; and health science
lve community health problems.
fluence the effective utilization of

ealth resources, upon which the
based, include the following:

ty health resources, the extent to
utilize them most effectively
ndividual responsibility for com-

et specific health needs
ity agencies and organizations
pproach to community health

Correlation with Other Subject Areas

Selected content in the area of community health resources can be correlated most effectively with social sciences, home economics, and business and economics.

Interrelationships Between Community Health Resources and Other Health Areas in This Framework

Consumer Health: I – senior high; II – primary, intermediate, senior high; III – senior high.

Mental-Emotional Health: V – junior high; senior high.

Family Health: V – senior high.

Oral Health: II and III – junior high, senior high; IV – senior high.

Vision and Hearing: IV – senior high.

Nutrition: III – primary, senior high.

Diseases and Disorders: I – senior high; III – primary, senior high.

Environmental Health Hazards: IV – primary; V – senior high.

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COMMUNITY HEALTH RESOURCE

Major Concept	*Primary Level*	
I **Utilization of community health resources benefits the health of the individual and the community.**	**GRADE-LEVEL CONCEPT: Children, as well as adults, can use community health services.** OBJECTIVE: Identifies and describes community resources that affect health. CONTENT: (1) fire department; (2) police department; (3) school nurse; (4) physician; (5) dentist; (6) hospital; (7) health department. OBJECTIVE: Tells how to obtain help from selected community resources. CONTENT: (1) telephoning for help; (2) asking school personnel; (3) asking parents and other adults.	GRAD mo OBJEC CO OBJEC ben CON
II **The health of the community is a shared responsibility of the individual and the community.**	**GRADE-LEVEL CONCEPT: Cooperating with local health helpers protects an individual and his family.** OBJECTIVE: Tells how one can cooperate with policemen, firemen, the school nurse, physicians, and dentists. CONTENT: (1) obeys laws; (2) reports fires and fire hazards; (3) follows instructions. OBJECTIVE: Explains how cooperation affects the individual and the community. CONTENT: (1) being immunized and staying home when sick are ways of protecting oneself and others; (2) keeping the home and the community clean helps to prevent disease; (3) following rules and regulations helps to prevent accidents.	GRADE of pr OBJECT comm CONT la OBJECT lation CONT (3 lav
III **Nations need to cooperate with one another to identify and solve international health problems.**		GRADE-L zation OBJECTI to indi CONT (3) OBJECTI necessa CONT (2) cou
IV **A variety of opportunities exist for careers in the health sciences.**		GRADE-L contrib OBJECTIV society. CONTE yello gen (8) N

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAM

COMMUNITY HEALTH RESOURCES

rimary Level	*Intermediate Level*
lren, as well as adults, can use community health	**GRADE-LEVEL CONCEPT: Utilizing the services of the health department promotes good health.**
oes community resources that affect health. nt; (2) police department; (3) school nurse;) hospital; (7) health department.	OBJECTIVE: Identifies services offered by the health department. CONTENT: (1) immunization; (2) maternal and child health; (3) morbidity and mortality statistics; (4) environmental inspections; (5) health education.
help from selected community resources. r help; (2) asking school personnel; (3) asking	OBJECTIVE: Explains how using services offered by the health department can be beneficial. CONTENT: (1) preventing disease; (2) protecting the health of mother and child; (3) protecting food and water; (4) providing health information.
perating with local health helpers protects an	**GRADE-LEVEL CONCEPT: Supporting health department regulations is one way of promoting individual and community health.**
cooperate with policemen, firemen, the school) reports fires and fire hazards; (3) follows instruc-	OBJECTIVE: Cites examples of laws and regulations affecting the health of the community (local, state, national). CONTENT: (1) pet control laws; (2) sanitation regulations; (3) insect control laws; (4) restaurant inspections.
eration affects the individual and the community. zed and staying home when sick are ways of rs; (2) keeping the home and the community clean) following rules and regulations helps to prevent	OBJECTIVE: Summarizes factors that influence the effectiveness of health regulations. CONTENT: (1) knowing health regulations; (2) following health regulations; (3) encouraging others to follow health regulations; (4) reporting violations of laws and regulations involving health and sanitation.
	GRADE-LEVEL CONCEPT: Cooperative efforts within the World Health Organization help to improve international health.
	OBJECTIVE: States examples of services offered by the World Health Organization to individual nations. CONTENT: (1) provides publications; (2) reports on communicable diseases; (3) provides direct services to control disease.
	OBJECTIVE: Explains why cooperative efforts to solve world health problems are necessary. CONTENT: (1) communicable diseases can spread from country to country; (2) developing countries need outside assistance; (3) health problems of one country can affect other countries.
	GRADE-LEVEL CONCEPT: Through careers in health science, individuals have contributed to mankind for many years.
	OBJECTIVE: Identifies health workers who have made major contributions to society. CONTENT: (1) Pasteur – germ theory; (2) Reed – pioneering efforts against yellow fever; (3) Lister – antiseptic conditions; (4) Curie – radium; (5) Roentgen – X ray; (6) Fleming – penicillin; (7) Salk – polio immunization; (8) Nightingale – nursing.

TE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

Junior High Level

GRADE-LEVEL CONCEPT: Community health agencies make their greatest contribution when citizens take advantage of available services.

OBJECTIVE: Identifies various community health agencies and their sources of financial support.
CONTENT: (1) governmental – taxes; (2) voluntary – contributions; (3) professional – dues; (4) commercial – profits.

OBJECTIVE: Classifies services offered by community health agencies and the value of these services when utilized.
CONTENT: (1) education – offering the help of resource persons and materials; (2) research – solving community health problems; (3) service – preventing disease.

GRADE-LEVEL CONCE
effectively health resou

OBJECTIVE: Identifies t
CONTENT: (1) availa
concerning health.

OBJECTIVE: Discusses w
CONTENT: (1) comm
solve s
healt

OBJECTIVE: Explains t
utilizing health services.
CONTENT: (1) the ef
religious beliefs pro
effect of superstitio

GRADE-LEVEL CONCEPT: Maintaining community health depends upon each citizen's cooperating with and supporting local and state health agencies.

OBJECTIVE: Cites ways in which the student can serve agencies, hospitals, schools, and other health organizations.
CONTENT: (1) engaging in volunteer service as nursing and clerical aides; (2) serving on school safety committees; (3) helping to conduct health surveys.

GRADE-LEVEL CONCEP
and supporting commu

OBJECTIVE: Illustrates
community health servi
CONTENT: (1) suppo
resources to volun
health services.

GRADE-LEVEL CONCEP
to avoid duplication of e

OBJECTIVE: Identifies th
CONTENT: (1) prevent
through duplication;

GRADE-LEVEL CONCEPT: United States agencies extend help to other countries in solving their health problems.

OBJECTIVE: Identifies specific agencies and the help which they provide to other countries.
CONTENT: (1) U.S. Public Health Service – medical care and information; (2) CARE – food and clothing; (3) AID – communicable disease control and education; (4) Peace Corps – improvement of environmental conditions.

GRADE-LEVEL CONCEP
solve health problems.

OBJECTIVE: Summarizes
CONTENT: (1) major d
ards; (5) inadequate h

OBJECTIVE: Identifies age
CONTENT: (1) WHO (W
tion); (3) UNICEF (
(Agency for Internatio

OBJECTIVE: Suggests meas
CONTENT: (1) effective
vectors; (4) developm
(6) providing more fac

GRADE-LEVEL CONCEPT: Health science personnel are required to meet the needs of a growing population.

OBJECTIVE: Compares and contrasts career opportunities in health sciences.
CONTENT: (1) medicine; (2) dentistry; (3) nursing; (4) public health; (5) health education; (6) other paramedical and paradental fields.

GRADE-LEVEL CONCEP
opportunities.

OBJECTIVE: Describes deve
CONTENT: (1) space ex
(5) food technology.

NOTE: OBJECTIVES AND CONTENT ARE INTENDED AS EXAMP

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COMMUNITY HEALTH RESOURCES

Senior High Level

reatest contribution when

urces of financial support.
; (3) professional – dues;

es and the value of these

nd materials; (2) research
sease.

GRADE-LEVEL CONCEPT: A variety of factors within the community determine how effectively health resources are utilized.

OBJECTIVE: Identifies those factors which determine how health resources are utilized.
CONTENT: (1) availability of resources; (2) public knowledge of resources; (3) points of view concerning health.

OBJECTIVE: Discusses ways in which communities organize to meet various health problems.
CONTENT: (1) community councils coordinate public health efforts; (2) individual agencies solve specific health problems.

OBJECTIVE: Explains the influence of cultural and social factors that shape beliefs about utilizing health services.
CONTENT: (1) the effect of custom on the choice of health advisers; (2) the influence of religious beliefs prohibiting or encouraging the use of certain foods and medicines; (3) the effect of superstitions on health care.

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pon each citizen's cooper-

ospitals, schools, and other

aides; (2) serving on school

GRADE-LEVEL CONCEPT: Individuals contribute to the health of the nation by planning for and supporting community health services.

OBJECTIVE: Illustrates various ways in which individuals can plan, organize, and support community health services.
CONTENT: (1) supporting needed health legislation; (2) contributing time, abilities, and resources to voluntary health organizations; (3) supporting state and national community health services.

GRADE-LEVEL CONCEPT: Coordination of the work of community health agencies is necessary to avoid duplication of effort.

OBJECTIVE: Identifies the need for coordinating community health efforts.
CONTENT: (1) prevent overlap in community health services; (2) prevent financial loss through duplication; (3) make the best use of professional and volunteer staffs.

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her countries in solving their

ide to other countries.
ormation; (2) CARE – food
ducation; (4) Peace Corps –

GRADE-LEVEL CONCEPT: Nations are dependent upon one another to promote health and to solve health problems.

OBJECTIVE: Summarizes major world health problems.
CONTENT: (1) major diseases; (2) overpopulation; (3) malnutrition; (4) environmental hazards; (5) inadequate health services.

OBJECTIVE: Identifies agencies that cooperate in solving major world health problems.
CONTENT: (1) WHO (World Health Organization); (2) FAO (Food and Agriculture Organization); (3) UNICEF (United Nations International Children's Emergency Fund); (4) AID (Agency for International Development); (5) PAHO (Pan American Health Organization).

OBJECTIVE: Suggests measures that might resolve major world health problems.
CONTENT: (1) effective use of immunization; (2) family planning; (3) control of insect vectors; (4) development of new food sources; (5) stricter controls to avoid pollution; (6) providing more facilities for training personnel.

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meet the needs of a growing

ciences.
health; (5) health education;

GRADE-LEVEL CONCEPT: Man's quest for knowledge is opening up new health career opportunities.

OBJECTIVE: Describes developing scientific fields in which health career opportunities exist.
CONTENT: (1) space exploration; (2) undersea exploration; (3) electronics; (4) cryogenics; (5) food technology.

OBJECTIVES AND CONTENT ARE INTENDED AS EXAMPLES ONLY.

APPENDIXES

Appendix A

HEALTH ADVISORY COMMITTEE TO THE CALIFORNIA STATE BOA

Mrs. J. Everett Barr
Yreka

Robert L. Black, M.D.
Monterey

E. H. Christopherson, M.D.
Chief, Bureau of Maternal and Child Health
Berkeley

Clifton Dummett, D.D.S.
Dental Director
University of Southern California
Los Angeles

Roberta Fenlon, M.D.
San Francisco

Harry M. Jennison, M.D.
Stanford Children's Convalescent Hospital
Palo Alto

Mrs. Martin Kantor *(Chairman)*
San Diego

Richard Mayers
Deputy Attorney G
Sacramento

D. Russell Parks
Superintendent
Fullerton Elementa
Fullerton

Russell Purcey
District Health Coo
Alhambra City High
Alh mbra

Marvin Stark, D.D.S
Professor, School o
University of Califo
San Francisco

Allen F. Sterling, M
San Bernardino

STAFF

C. Carson Conrad, Chief
Bureau of Health Education, Physical
Education, Athletics, and Recreation
California State Department of Education
Chairman, Pro Tem, December 18, 1967

Patricia J. Hill
Consultant in Scho
California State De
Staff Liaison

*Positions listed are those held at the time of service on the Committee.

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APPENDIXES

Appendix A

COMMITTEE TO THE CALIFORNIA STATE BOARD OF EDUCATION*

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M.D.

rson, M.D.
Maternal and Child Health

, D.D.S.

thern California

M.D.

n, M.D.
n's Convalescent Hospital

or *(Chairman)*

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Deputy Attorney General
Sacramento

D. Russell Parks
Superintendent
Fullerton Elementary School District
Fullerton

Russell Purcey
District Health Coordinator
Alhambra City High School District
Alhambra

Marvin Stark, D.D.S.
Professor, School of Dentistry
University of California Medical Center
San Francisco

Allen F. Sterling, M.D.
San Bernardino

STAFF

, Chief
Education, Physical
letics, and Recreation
Department of Education
m, December 18, 1967

Patricia J. Hill
Consultant in School Health Education
California State Department of Education
Staff Liaison

re those held at the time of service on the Committee.

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Appendix B

CONSULTANTS – HEALTH NEEDS*
(NORTHERN CALIFORNIA)

Glen Austin, M.D.
Chairman, School Health Committee
Northern California Chapter
American Academy of Pediatrics
Los Altos

Herbert Bauer, M.D.
Public Health Officer
Yolo County Health Department
Woodland

William B. Beach, Jr., M.D.
Deputy Director
Division of Local Programs
California State Department of Mental Hygiene
Sacramento

Doris Bryan, R.N.
Supervisor of Nursing Services
Oakland City Unified School District
Oakland

E. H. Christopherson, M.D.
Chief, Bureau of Maternal and Child Health
Berkeley

B. Otis Cobb, M.D.
Assistant Health Officer
Yolo County Health Department
Woodland

John Hall
Regional Director
National Safety Council
San Francisco

Patricia J. Hill
Consultant in School Health Education
California State Department of Education
Sacramento

Fred Hodges, M.D.
Contra Costa County Health Department
Walnut Creek

Ruth L. Huenemann
Professor, School of Public Health
University of California
Berkeley

Mrs. Cheryl Kleinhammer
Director of Health
California Congress of Parents and Teachers, Inc.
Albany

Edwin J. Ropes, D.D.S.
Northern California State Dental Association
Woodlake

David Schieser
Bureau of Food and Drugs
California State Department of Public Health
Berkeley

Howard J. Weddle
Professor, San Francisco State College
San Francisco

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*Positions listed are those held at the time of service on the Committee.

Appendix B (Continued)

CONSULTANTS – HEALTH NEEDS
(SOUTHERN CALIFORNIA)

Mrs. Lillian Casady
Director of Nursing
Los Angeles Unified School District
Los Angeles

Dale Garell, M.D.
Director, Adolescent Unit
Children's Hospital
Los Angeles

Wilbur Y. Hallett, M.D.
Associate Professor of Medicine
University of Southern California
Los Angeles

Patricia J. Hill
Consultant in School Health Education
California State Department of Education
Sacramento

Addie Klotz, M.D.
Director, Health Services
San Fernando Valley State College
Northridge

John Knutson, D.D.S.
Professor of Preventive Dentistry
University of California
Los Angeles

Benjamin A. Kogan, M.D.
Director, Bureau of Medical Services
Los Angeles County Health Department
Los Angeles

D. Russell Parks,
Superintendent
Fullerton Elementary School District
Fullerton

Tom W. Robinson, M.D.
School Committee
California Medical Association
Newport Beach

Martin Shickman, M.D.
Chairman, Public Education Committee
Los Angeles County Heart Association
Beverly Hills

Harry Sobel
Chief, Aging Research
Veterans Administration Hospital
Sepulveda, California

Rodney Stillion, M.D.
Physician, Palmdale High School
Palmdale

J. Albert Torribio
Los Angeles County Mental Health Department
Los Angeles

Gordon Wood
Director, Los Angeles District
U.S. Food and Drug Administration
Los Angeles

Appendix C

CONSULTANTS – FRAMEWORK DEVELOPMENT*

Richard Bonvechio
Professor; and Chairman,
Department of Health Science
San Jose State College
San Jose

Mrs. Margaret Cate
Coordinating Nurse
Fullerton Elementary School District
Fullerton

Gus Dalis
Health Education Consultant
Office of the Los Angeles County Superintendent of Schools
Los Angeles

Mrs. Marian Duckworth
Instructor
Modesto Junior College
Modesto

Gary Estep
Teacher
Chico Junior High School
Chico

James Fryer
Teacher
Roosevelt High School
Fresno

Lucille Gansberg
Consultant in Education
Office of the Sacramento County Superintendent of Schools
Sacramento

William Higgins, Jr.
Audiovisual Consultant
Beverly Hills Unified School District
Beverly Hills

Paul Hillar
Director of Health, Physical Education, and Recreation
Office of the Stanislaus County Superintendent of Schools
Modesto

Vern Horton
Director of Instruction
Kings Canyon Unified School District
Reedley

Kenneth Jones
Instructor
Mt. San Antonio College
Walnut

Burt Kebric
Director, School Health Program
San Joaquin Delta College
Stockton

James Lindberg
Teacher
Emery Park Elementary School
Alhambra

Richard Luckensmeyer
Teacher
Lake Arrowhead Elementary School
Lake Arrowhead

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*Positions listed are those held at the time of service on the Committee. All locations are in California.

Appendix C (Continued)

CONSULTANTS – FRAMEWORK DEVELOPMENT

Mrs. Ina Lundh
Assistant Director of Instruction
(Health and Safety)
Long Beach Unified School District
Long Beach

Gordon McKay
Assistant Principal
Starbuck Intermediate School
La Habra

Mrs. Sarah Meriwether
Teacher
May Scott Marcy Elementary School
San Diego

Mrs. Joanne O'Dea
School Nurse
Bowers Elementary School
Santa Clara

Beverly Pennock
Teacher
Monroe High School
Sepulveda

Victor Petreshene
Instructor
College of Marin
Kentfield

Russell Purcey
District Health Coordinator
Alhambra City High School District
Alhambra

Robert Sanders
Teacher
Savannah High School
Rosemead

Douglas Smith
Teacher
Sequoia Junior High School
Reseda

Carol Snell
Teacher
Garfield Elementary School
Alhambra

Frances Todd
Supervisor of Health Education
San Francisco Unified School District
San Francisco

William Tognolini
Elementary School Teacher
Piedmont Intermediate School
San Jose

Charles Wagner
Teacher
San Bernardino High School
San Bernardino

Gloria Wallace
Teacher
Citrus Heights Elementary School
Citrus Heights

Appendix D

CONSULTANTS – FRAMEWORK EVALU
(CALIFORNIA)

Doris Bryan
Supervisor of Nursing Services
Oakland City Unified School District
Oakland

Oliver E. Byrd, M.D.
Professor of Health Education
Stanford University
Palo Alto

Lulamae Clemons
Director of Health Education
and Intergroup Relations
Office of the Riverside County
Superintendent of Schools
Riverside

Harold Cornacchia
Professor of Health Education
San Francisco State College
San Francisco

Henry Fricker
Professor of Health Education
Fresno State College
Fresno

Ralph Grawunder
Professor of Health Education
San Diego State College
San Diego

Edward B. Johns
Professor, School of Public Health
Health Science Center
University of California
Los Angeles

Mrs. Ruth Kennedy
Consultant in Health
Office of the Ventura County Superintendent
of Schools
Ventura

Joseph Langan
Supervisor of Health Education
Los Angeles Unified School District
Los Angeles

Joseph E. Lantagne, Jr.
Professor of Physical Education
University of California
Santa Barbara

William Leathy
Coordinator, Physical Education, Health
Education, and Safety
Office of the San Bernardino County
Superintendent of Schools
San Bernardino

*Positions listed are those held at the time of service on the Committee.

Appendix D

CONSULTANTS – FRAMEWORK EVALUATION*
(CALIFORNIA)

Edward B. Johns
Professor, School of Public Health
Health Science Center
University of California
Los Angeles

Mrs. Ruth Kennedy
Consultant in Health
Office of the Ventura County Superintendent of Schools
Ventura

Joseph Langan
Supervisor of Health Education
Los Angeles Unified School District
Los Angeles

Joseph E. Lantagne, Jr.
Professor of Physical Education
University of California
Santa Barbara

William Leathy
Coordinator, Physical Education, Health Education, and Safety
Office of the San Bernardino County Superintendent of Schools
San Bernardino

Sidney R. Ottman
Director, Pupil Personnel and Special Education
Office of the Santa Barbara County Superintendent of Schools
Santa Barbara

Elizabeth A. Pellett
Consultant in Social Sciences
Office of the Los Angeles County Superintendent of Schools
Los Angeles

Ruth Rich
Supervisor, Health Education
Division of Instruction Planning
Los Angeles Unified School District
Los Angeles

Ben Strasser
Consultant in Science
Office of the Los Angeles County Superintendent of Schools
Los Angeles

Jack A. Torney, III
Professor of Health Education
Long Beach State College
Long Beach

rvice on the Committee.

Appendix D (Continued)

CONSULTANTS – FRAMEWORK EVALUATION
(NATIONAL)

Ruth Abernathy, Chairman
Department of Physical Education for Women
University of Washington
Seattle, Washington

Mary K. Beyrer
Professor of Health Education
Ohio State University
Columbus, Ohio

Robert S. Cobb
Division of Health, Physical Education, and Recreation
Tennessee State University
Nashville, Tennessee

Robert Kaplan
Associate Professor of Health Education
Ohio State University
Columbus, Ohio

Bernice Moss
Professor of Health Education
University of Utah
Salt Lake City, Utah

Delbert Oberteuffer
Professor Emeritus
Ohio State University
Columbus, Ohio

J. Keogh Rash, Chairman
Department of Health and Safety Education
Indiana University
Bloomington, Indiana

Charles E. Richardson
Associate Professor of Health Education
Southern Illinois University
Carbondale, Illinois

Elsa Schneider
Consultant in Health, Physical Education, and Recreation
Office of Education
U.S. Department of Health, Education, and Welfare
Washington, D. C.

John S. Sinacore
Professor of Health Education
State University College
Cortland, New York

Sara Louise Smith
Professor of Health Education
Florida State University
Tallahassee, Florida

Marian K. Solleder
Associate Professor of Health Education
University of North Carolina
Greensboro, North Carolina

C. Harold Veenker
Professor of Health Education
Purdue University
West Lafayette, Indiana

Wallace Ann Wesley
Assistant Director
Department of Health Education
American Medical Association
Chicago, Illinois

Appendix E

CALIFORNIA SCHOOL DISTRICTS – CURRICULUM DEVELOPMENT AND FRAMEWORK EVALUATION

The *Framework* was utilized for local curriculum development and evaluated during the 1968-69 school year by the following school districts, under the supervision of those persons named.*

Alhambra City Elementary School District and Alhambra City High School District
Russell Purcey, Health Coordinator

Fullerton Elementary School District
Mrs. Margaret Cate, Coordinator, Health Services

Hermosa Beach City Elementary School District
James R. Boston, Principal, Pier Avenue Elementary School

Hughson Union High School District
Reynold Franca, Dean of Boys

Manhattan Beach City Elementary School District
J. Byron Burgess, Assistant Superintendent, Instruction

Modesto City Elementary School District and Modesto City High School District
Henry D. Meyer, Director, Health, Physical Education, Recreation, Safety, and Civil Defense

Pasadena Unified School District
Gertrude Fox, M.D., Director of Health Education and Services
Solveig Parton, Nurse Specialist
Esther E. Smith, Teacher and Health Specialist

Patterson Joint Unified School District
Eugene Maxwell, Superintendent

Redondo Beach City Elementary School District
James K. McDonald, Coordinator, Curriculum and Research

South Bay Union High School District
Douglas W. Swartz, Assistant Superintendent,
Instruction and Special Services

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*Positions shown for the personnel listed here are those held at the time the services were rendered.

Appendix F

CALIFORNIA SCHOOL DISTRICTS – EVALUATION*

School District	*County*
Big Creek Elementary School District	Fresno
Buckeye Union Elementary School District	El Dorado
Cajon Valley City Elementary School District	San Diego
Carpinteria Unified School District	Santa Barbara
Chowchilla Union High School District	Madera
Coronado City Unified School District	San Diego
Del Norte County Unified School District	Del Norte
El Dorado County – Office of the Superintendent of Schools	El Dorado
Elk Grove Unified School District	Sacramento
Enterprise City Elementary School District	Los Angeles
Glendale Unified School District	Los Angeles
Glendora Unified School District	Los Angeles
William S. Hart Union High School District	Los Angeles
Healdsburg Union Elementary School District	Sonoma
Hemet Unified School District	Riverside
Hollister Elementary School District	San Benito
Lakeside Union Elementary School District	Kern
La Mesa-Spring Valley City Elementary School District	San Diego
Lemoore Union High School District	Kings
Liberty Union High School District	Contra Costa
Lodi Unified School District	San Joaquin
Los Nietos Elementary School District	Los Angeles
Marysville Joint Unified School District	Yuba
Mill Valley Elementary School District	Marin
Modesto City Elementary and City High School Districts	Stanislaus
Mojave Unified School District	
Murray Elementary School District	
Napa Valley Unified School District	
Newhall Elementary School District	
Orange Unified School District	
Patterson Joint Unified School District	
Petaluma City Elementary and City High School Districts	
Placentia Unified School District	
Porterville Union High School District	
Red Bluff Union Elementary and Union High School Districts	
Richland Elementary School District	
San Anselmo Elementary School District	
San Bernardino City Unified School District	
San Rafael City Elementary and City High School Districts	
Santa Clara Unified School District	
Santa Monica Unified School District	
Santa Rosa City Elementary and City High School Districts	
Sonoma Valley Unified School District	
Stanislaus Union Elementary School District	
Sweetwater Union High School District	
Ventura County – Office of the Superintende of Schools	
Wheatland Elementary School District	
Whisman Elementary School District	

*This list includes two offices of county superintendents of schools.

Appendix F

CALIFORNIA SCHOOL DISTRICTS – EVALUATION*

	County
ool District	Fresno
y School District	El Dorado
ary School District	San Diego
District	Santa Barbara
hool District	Madera
ool District	San Diego
School District	Del Norte
e of the Superintendent	
	El Dorado
District	Sacramento
y School District	Los Angeles
istrict	Los Angeles
istrict	Los Angeles
School District	Los Angeles
ary School District	Sonoma
rict	Riverside
l District	San Benito
y School District	Kern
Elementary School	
	San Diego
ol District	Kings
District	Contra Costa
t	San Joaquin
ool District	Los Angeles
hool District	Yuba
ool District	Marin
nd City High School	
	Stanislaus

School District	*County*
Mojave Unified School District	Kern
Murray Elementary School District	Alameda
Napa Valley Unified School District	Napa
Newhall Elementary School District	Los Angeles
Orange Unified School District	Orange
Patterson Joint Unified School District	Stanislaus
Petaluma City Elementary and City High School Districts	Sonoma
Placentia Unified School District	Orange
Porterville Union High School District	Tulare
Red Bluff Union Elementary and Union High School Districts	Tehama
Richland Elementary School District	Kern
San Anselmo Elementary School District	Marin
San Bernardino City Unified School District	San Bernardino
San Rafael City Elementary and City High School Districts	Marin
Santa Clara Unified School District	Santa Clara
Santa Monica Unified School District	Los Angeles
Santa Rosa City Elementary and City High School Districts	Sonoma
Sonoma Valley Unified School District	Sonoma
Stanislaus Union Elementary School District	Stanislaus
Sweetwater Union High School District	San Diego
Ventura County – Office of the Superintendent of Schools	Ventura
Wheatland Elementary School District	Yuba
Whisman Elementary School District	Santa Clara

ces of county superintendents

Appendix G

PROFESSIONAL EDUCATION AND HEALTH ORGANIZATIONS –

Advisory Committee to the State Department of Education on Public School Health

California Academy of Pediatrics

California Dental Association

California Medical Association (School and College Health Committee)

Health Coordinator, Offic
(Area VI – Southern C

Los Angeles County Medi

Magan Medical Center (Ph

Project Quest (Los Angele

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Appendix G

PROFESSIONAL EDUCATION AND HEALTH ORGANIZATIONS – EVALUATION

ıe State Department of Education on Public

diatrics

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ation (School and College Health Committee)

Health Coordinator, Offices of County Superintendents of Schools (Area VI – Southern California Counties)

Los Angeles County Medical Association

Magan Medical Center (Physician and School Committee)

Project Quest (Los Angeles County)